


**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90049 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000092996**

1. Corporation Name  
**MEDVIT, INC.**



Principal Place of Business 755 NW 72ND AVE BIJOUX PLAZA, STE 21 MIAMI FL 33126	Mailing Address 755 NW 72ND AVE BIJOUX PLAZA, STE 21 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1998	4. FEI Number 65-0884242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 7441 NW 8 Street	2a. Mailing Address 28 7441 NW 8 Street
22 Suite, Apt. #, etc. Bay K	27 Suite, Apt. #, etc. Bay K
23 City & State Miami, Florida	28 City & State Miami, Florida
24 Zip 33126	25 Country Miami-Dade
29 Zip 33126	30 Country Miami-Dade

9. Name and Address of Current Registered Agent

GRAYSON, MOISES T ESQ.  
 25 SE 2ND AVE  
 INGRAHAM BLDG, STE 730  
 MIAMI FL 33131-1506

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TERNER, SALMON		1.2 NAME	
STREET ADDRESS 755 NW 72ND AVE, 21 BIJOUX PLAZA		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33126		1.4 CITY-ST-ZIP	DIRECTOR
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Carlos M. de Cespedes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	3075 NW 107 Ave.
STREET ADDRESS		2.3 STREET ADDRESS	Miami, Florida 33172
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Jorger M. de Cespedes
STREET ADDRESS		3.3 STREET ADDRESS	3075 NW 107 Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33172
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

305-266-9000

CR2E034 (11/98)