

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90001 003 ***550.00

DOCUMENT # **P98000097339**
Corporation Name

PREST MEDICAL, INC.



Principal Place of Business
**1020 NW 64 AVENUE
FL 33144**

Mailing Address
**1020 NW 64 AVENUE
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0880536	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PIMENTEL, JOSE JOAQUIN 1020 NW 64 AVENUE MIAMI FL 33144				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
85. Zip Code				FL	

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2	NAME	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3	STREET ADDRESS	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4	ST-ZIP	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6	NAME	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
7	STREET ADDRESS	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
8	ST-ZIP	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
9	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
10	NAME	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11	STREET ADDRESS	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12	ST-ZIP	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
13	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
14	NAME	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
15	STREET ADDRESS	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
16	ST-ZIP	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
17	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
18	NAME	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
19	STREET ADDRESS	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
20	ST-ZIP	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
21	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22	NAME	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
23	STREET ADDRESS	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
24	ST-ZIP	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

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.

SIGNATURE:

CR2E034 (5/99)