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Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S33890 (2)
1. Corporation Name
CARDIOTRACE CORP.



Principal Place of Business: 12000 BISCAYNE BLVD #200 MIAMI FL 33181
Mailing Address: 12000 BISCAYNE BLVD #200 MIAMI FL 33181-2742

3. Date incorporated or Qualified: 02/25/1991
3a. Date of Last Report: 02/09/1996
4. FEI Number: 65-0249538
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 12000 Biscayne Blvd, Suite 400, N. Miami, FL 33181
2a. Mailing Address: 26 12000 Biscayne Blvd, Suite 400, N. Miami, FL 33181
9. Name and Address of Current Registered Agent: SRAGOWICZ, AZRIEL, 12000 BISCAYNE BLVD. SUITE 200, MIAMI FL 33181
10. Name and Address of New Registered Agent: 81 Name: Sragowicz, Azriel; 82 Street Address: 12000 Biscayne Blvd.; 83 Suite 400; 84 City: N. Miami, FL; 85 Zip Code: 33181

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]* DATE: 2/6/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	SRAGOWICZ, ARI	1.1 TITLE	
STREET ADDRESS: 5181 PINE TREE DRIVE	MIAMI BEACH FL	1.2 NAME	
CITY-ST-ZIP:		1.3 STREET ADDRESS	
TITLE: DVT	HELPER, ZEV	1.4 CITY-ST-ZIP	
STREET ADDRESS: 3131 N.W. 123 AVENUE	SUNRISE FL	2.1 TITLE	
CITY-ST-ZIP:		2.2 NAME	
TITLE: DVP	SRAGOWICZ, JUAN	2.3 STREET ADDRESS	
STREET ADDRESS: 9341 COLLINS AVENUE #701	SURFSIDE FL	2.4 CITY-ST-ZIP	
CITY-ST-ZIP:		3.1 TITLE	
TITLE:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	
STREET ADDRESS:		4.2 NAME	
CITY-ST-ZIP:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY-ST-ZIP	
STREET ADDRESS:		5.1 TITLE	
CITY-ST-ZIP:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
STREET ADDRESS:		5.4 CITY-ST-ZIP	
CITY-ST-ZIP:		6.1 TITLE	
TITLE:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do 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 on or an attachment with an address.

SIGNATURE: *[Signature]* DATE: 2/6/97

CR2E034 (9/96)