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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S52169

1. Corporation Name
INTEL MEDICAL SYSTEMS, INC.

Principal Place of Business: 1000 PONCE DE LEON BLVD. #308, CORAL GABLES, FLORIDA 33134

Mailing Address: --SAME--

3. Date Incorporated or Qualified: 05/13/91
3a. Date of Last Report: 1/27/94

2. Principal Place of Business
21 1000 PONCE DE LEON BLVD.
Suite, Apt #, etc. 22 #308
City & State 23 CORAL GABLES, FLORIDA
Zip 24 33134 Country 25

2a. Mailing Address
26 1000 PONCE DE LEON BLVD.
Suite, Apt #, etc. 27 # 308
City & State 28 CORAL GABLES, FLORIDA
Zip 29 33134 Country 30

4. FEI Number: 65-0260436 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] $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: [XX] Yes [ ] No

9. Name and Address of Current Registered Agent
LOREDO, JORGE
236 SW 30TH AVENUE
MIAMI, FLORIDA 33135

10. Name and Address of New Registered Agent
81 Name: TRULLENQUE, ANTHONY
82 Street Address (P.O. Box Number is Not Acceptable): 7098 BONITA DRIVE
83 MIAMI BEACH, FLORIDA 33141
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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] — Signature of Registered Agent or Officer or Director of the Corporation — 4/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fidalgo, Jose M. 6261 West Flagler Street # 06 Miami, Florida 33155 [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[X] Change [ ] Addition P/D/S Fidalgo, Jose M. 8481 S.W. 35th Terrace Miami, Florida 33155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Loredo, Jorge Eulogio~~ ~~236 SW 30th Avenue~~ ~~Miami, Florida 33155~~ [XX] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition DELETE LOREDO, JORGE EULOGIO
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition 600001787348 -04/19/96--01061--001 ***208.75 4-19-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/15/96 — (305) 443-7891 Daytime Phone

CR2E034 (12/95)