


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S52169 (7)</b> 1. Corporation Name <b>INTEL MEDICAL SYSTEMS, INC.</b>			
Principal Place of Business <b>1000 PONCE DE LEON BLVD. #308 CORAL GABLES FL 33134</b>		Mailing Address <b>1000 PONCE DE LEON BLVD. SUITE 308 CORAL GABLES FL 33134-3345 US</b>	
2. Principal Place of Business 21 <b>780 N.W. 42 AVENUE</b> Suite, Apt. #, etc. 22 <b>#320</b> City & State 23 <b>MIAMI, FL 33126</b> Zip 24 <b>33126</b>		2a. Mailing Address 26 <b>780 N.W. 42 AVENUE</b> Suite, Apt. #, etc. 27 <b>#320</b> City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33126</b>	
Country 25 <b>U.S.A.</b>		Country 30 <b>U.S.A.</b>	
9. Name and Address of Current Registered Agent <b>TRULLENQUE, ANTHONY 7098 BONITA DRIVE MIAMI BEACH FL 33141</b>		10. Name and Address of New Registered Agent 81 Name <b>ANA DALMAU ARES, C.P.A., P.A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4080 SW 84 AVE. SUITE C</b> 83 84 City <b>MIAMI</b>	
85 <b>FL</b>		86 <b>33155</b>	
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: <i>[Signature]</i> DATE: <b>2/17/97</b>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP PDS FIDALGO, JOSE M 8481 SW 35TH TERRACE MIAMI FL 33155		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP PS FIDALGO, JOSE M 6450 COLLINS AVE #1406 MIAMI BEACH, FL 33141	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP D SANCHEZ, ARIEL 7924 EAST DRIVE # 404 NORTH BAY VILLAGE, FL 33141		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 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, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/29/97 (305) 4437891 Date Daytime Phone #	



CR2E034 (9/96)