

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90139 008 ***158.75

DOCUMENT # S52169

1. Corporation Name
INTEL MEDICAL SYSTEMS, INC.

Principal Place of Business

495 NW 27TH AVE
STE 495
MIAMI FL 33125
US

Mailing Address

495 NW 27TH AVE
STE 495
MIAMI FL 33125
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1991

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 owes the current year Intangible
Personal Property Tax.

□

Yes

No

2. Principal Place of Business

21 221 S.W. 22nd Ave.

2a. Mailing Address

26 7098 Bonita Dr.

Suite, Apt. #, etc.

22 Ste. 204A

Suite, Apt. #, etc.

27 Miami Beach

City & State

23 Miami, Florida

City & State

28 Florida

Zip

24 33135

Country

Zip

29 33141

Country

30

9. Name and Address of Current Registered Agent

ANA DALMAU ARES, CPA P
4080 SW 84 AVE., STE C
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name Anthony L. Trullens, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 7098 Bonita Drive
83
84 City miami Beach FL 85 Zip Code 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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]

(NOTE: Registered Agent signature required when reinstalling)

4-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PS	FIDALGO, JOSE M	6450 COLLINS AVE., #1406	MIAMI BCH FL	□
D	SANCHEZ, ARIEL	7924 EAST DR., #404	NORTH BAY VILLAGE FL	X
				□
				□
				□
				□

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P/D	Fidalgo, Jose M.	Post Office Box 41-5033	miami Beach, Fla 33141	X	□
				□	□
				□	□
				□	□
				□	□
				□	□

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(305) 868-3363

Daytime Phone #

CR2E034 (11/98)