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PROFIT
CORPORATION
ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTS NAME OF STATING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation N	IENT # \$5304	40 (9)			
•	MEDICAL INC.				
ncinal Place o	f Business	Mailing Address			# 1911 1011 9500 1060 1011 1011 1010 #
incipal Place of Business Mailing Aduress 7161 SW 8TH ST 7161 SW 8TH ST		į	600001731306 -03/04/9601085026		
HAMI FL 3314		MIAMI FL 33144		非米米~	08.75 ****208.75
				 Date Incorporated or Qualified 05/08/1991 	3a. Date of East Report 05/01/1995
D :: : DI	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Principai Piac	ce or business	26		65-0261118	Not Applicable
Suite, Apt #.	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		27		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for	
• 111	25	29	30		s No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New	Registered Agent
			81 Name	aisu Perez	
	CARLOS		82 Street Ad	gress (P.I). Box Number is No Accept	able)
	NIA AVENUE		83	11 3W 192 a	
APT. C			65		
MIAMI, C	ORAL GABLES FL 33134		84 City /	liami	FI 85 Zip Code 2 3 7 7 5
		FOG and 607 1609 Florida Statut	es the above-named com	oration submits this statement for the place of directors. Thereby accept the ac	jurpose of changing its registered offi
or registere	ad abent, or both, in the State of hi	longs, 50ch change was abmonz	sed by the corporation a ce	oard of directors. I hereby accept the ap	pointment as registered agent. I am
familiar with	i, and accept the obligations of, 3	oction 607.0505, Florida Statutes	8.		
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familiar with SNATURE _	Signature, typied or participation and a	gent and thor are leat c (NO	DE Bogishmad Agami signature rikyi 13.	ect wise renstating. ADDITIONS/CHANGES 10 O	DATE FICERS AND DIRECTORS IN 12
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