FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80123** **(0)**

1. Corporation Name

MEDCORP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
625 S.W. 131ST CT. MIAMI FL 33184	625 S.W. 131ST CT. MIAMI FL 33184

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/13/1991
3a. Date of Last Report: 12/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0288126 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GARCIA, ANA
625 S.W. 131ST CT.
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name: ANA GARCIA
82 Street Address (P.O. Box Number is Not Acceptable): 625 SW 131 Court
83
84 City: Miami FL 85 Zip Code: 33184

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: Ana B. Garcia — President — DATE: 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☑ Change ☐ Addition
NAME	GARCIA, JOSE A.	1.2 NAME	
STREET ADDRESS	625 S.W. 131ST CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V ☑ Change ☐ Addition
NAME	GARCIA, ANA	2.2 NAME	GIZ-GONZALEZ, MIRIAM G.
STREET ADDRESS	625 S.W. 131ST CT	2.3 STREET ADDRESS	P.O. BOX 561127
CITY-ST-ZIP	MIAMI FL 33184	2.4 CITY-ST-ZIP	MIAMI, FL 33256-1127
TITLE	V	3.1 TITLE	S ☑ Change ☐ Addition
NAME	UZCATEGUI, OMAR	3.2 NAME	Fernandez, Carmen
STREET ADDRESS	4032 ESTEPONA AVE.	3.3 STREET ADDRESS	4032 Estepona Ave
CITY-ST-ZIP	MIAMI FL 33178	3.4 CITY-ST-ZIP	Miami, FL 33178
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, CARMEN	4.2 NAME	
STREET ADDRESS	4032 ESTEPONA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	UZCATEGUI, GLADYS	5.2 NAME	
STREET ADDRESS	4032 ESTEPONA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		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 is voluntarily furnished and 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: Ana B. Garcia — 4/28/95 — 305-592-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001335 FP