FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V26518

1. Corporation Name: MEDIMAX MED INC.

Principal Place of Business	Mailing Address
3009 SALZEDO ST. CORAL GABLES,FL.33134	3009 SALZEDO ST. CORAL GABLES, FL.33134

3. Date Incorporated or Qualified: APRIL 3,1992
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3011 SALZEDO ST.	26 3011 SALZEDO ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CORAL GABLES, FL	28 City & State: CORAL GABLES, FL
24 Zip: 33134 / 25 Country	29 Zip: 33134 / 30 Country

4. FEI Number: 65-0324421 ☐ 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	10. Name and Address of New Registered Agent
AGUSTIN RIVERO 1222 COLUMBUS RD. CORAL GABLES, FL.33134	81 Name: MIGUEL E. RIBE 82 Street Address (P.O. Box Number is Not Acceptable) 83 3731 SW 99 AVE.#4 84 City: MIAMI **FL** 85 Zip Code: 33165

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: MIGUEL E. RIBE — DATE: AUGUST 9,1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	O/D	☒ DELETE	11 TITLE	O/D	☒ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	AGUSTIN RIVERO 1222 COLUMBUS RD. CORAL GABLES, FL.33134		12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	MIGUEL E. RIBE 3731 SW 99 AVE.#4 MIAMI,FL.33165	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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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: MIGUEL E. RIBE, PRES. — AUG.9,1996 — (305)442-2274

SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #