


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0025052

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V48471 (9)					
1. Corporation Name TECHNOMEDICAL INSTRUMENTATION, INC.					

FILED
98 OCT 23 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7782 JUNIPER STREET MIRAMAR FL 33023	Mailing Address 7782 JUNIPER STREET MIRAMAR FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1992	
21		26		4. FEI Number 65-0344445	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent RESTREPO, CARLOS 7782 JUNIPER STREET MIRAMAR FL 33023				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable) 600002674906--3
				83	10/28/98 01085 010 ****750.00 ****750.00
				84	City
				85	Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D RESTREPO, CARLOS				1.2 NAME			
STREET ADDRESS 7782 JUNIPER STREET				1.3 STREET ADDRESS			
CITY-ST-ZIP MIRAMAR FL				1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
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5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: **SON GUE RESTREPO** **CARLOS RESTREPO** 10/18/98 954-989-4080

CR2E034 (5/98)