

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V73078 (0)

1. Corporation Name
MEDI-QUICK, INC.



Principal Place of Business: **10125 NW 116 WAY STE 5 MIAMI FL 33178 US**

Mailing Address: **10125 NW 116 WAY STE 5 MIAMI FL 33178-1184 US**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **27**

Zip: **24** Country: **25**

City & State: **28**

Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **10/21/1992**

3a. Date of Last Report: **04/04/1996**

4. FEI Number: **65-0426455**

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

FIGUERAS, VIVIAN T.
1550 MADRUGA AVE
STE 510
CORAL GABLES FL 33148

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip Code

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAIZO, JUAN		1.2 NAME	
STREET ADDRESS: 10125 NW 116 WAY, STE 5		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAIZO, JUAN JR.		2.2 NAME	
STREET ADDRESS: 10125 NW 116 WAY, STE 5		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		2.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAIZO, AMADA		3.2 NAME	
STREET ADDRESS: 10125 NW 116 WAY, STE 5		3.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ **3/10/97** **305-888-9939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)