


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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1992

2. Principal Place of Business 21 770 Ponce de Leon Blvd Suite, Apt. #, etc. 22 305 City & State 23 CORAL GABLES Zip 24 33134 Country 25 DADE	2a. Mailing Address 26 770 Ponce de Leon Blvd. Suite, Apt. #, etc. 27 305 City & State 28 CORAL GABLES Zip 29 33134 Country 30 DADE
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

FIGUERAS, VIVIAN T.
1550 MADRUGA AVE
STE 510
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2801 Ponce de Leon Blvd. # 1170
 83
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIZO, JUAN	1.2 NAME	
STREET ADDRESS	10425 NW 116 WAY, STE 5	1.3 STREET ADDRESS	770 Ponce de Leon Blvd # 305
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIZO, JUAN JR.	2.2 NAME	
STREET ADDRESS	10425 NW 116 WAY, STE 5	2.3 STREET ADDRESS	770 Ponce de Leon Blvd # 305
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIZO, AMADA	3.2 NAME	
STREET ADDRESS	10425 NW 116 WAY, STE 5	3.3 STREET ADDRESS	770 Ponce de Leon Blvd # 305
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
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 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 any attachment with an address.

SIGNATURE: _____ **3/11/98**

CR2E034 (10/97)