

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

FILED
May 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40636 (3)

1. Corporation Name
CARDIO SYSTEMS - MIAMI, INC.



Principal Place of Business 1201 N. INTERSTATE 35 CARROLLTON TX 75006 US	Mailing Address 1201 N. INTERSTATE 35 CARROLLTON TX 75008-3806 US
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3. Date Incorporated or Qualified 09/24/1992	3a. Date of Last Report 06/26/1996
4. FEI Number 75-2441164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	S/D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTY, LAURIE	1.2 NAME	
STREET ADDRESS	1201 N. INTERSTATE 35	1.3 STREET ADDRESS	
CITY- ST- ZIP	CARROLLTON TX	1.4 CITY- ST- ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONA, JOHN	2.2 NAME	
STREET ADDRESS	1201 N. INTERSTATE 35	2.3 STREET ADDRESS	
CITY- ST- ZIP	CARROLLTON TX	2.4 CITY- ST- ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	3.1 TITLE	CFB/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, FRANKLIN H	3.2 NAME	
STREET ADDRESS	1201 N. INTERSTATE 35	3.3 STREET ADDRESS	
CITY- ST- ZIP	CARROLLTON TX	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Byron Hasty
STREET ADDRESS		4.3 STREET ADDRESS	1201 N. Interstate 35
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Carrollton, TX 75006
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, unchanged, or on an attachment with an address.

SIGNATURE:  **Laurie Hasty** 5/22/97 (972) 242-2164

CR2E034 (9/96)