

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 # **P9500000781**
1. Corporation Name
First Union Health Equipment Services

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	3428 S.W. 8 Street	26	3428 S.W. 8 Street	October 11, 1995			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
				650612924		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. Miami, FLA.		28. Miami, FLA.		<input type="checkbox"/>		<input type="checkbox"/>	
24. Zip		25. Country		29. Zip		30. Country	
33135		U.S.A.		33135		U.S.A.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAZARO FELIPE GARCIA 15925 S.W. 102 PL. MIAMI, FL. 33157				81 Name ROSALBA SOSA			
				82 Street Address (P.O. Box Number is Not Acceptable) 4740 S.W. 5th Street			
				83			
				84 City MIAMI			
				85 Zip Code FL 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 *X Rosalba Sosa* Rosalba Sosa DATE 4/10/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Pres, V.Pres, Treas, sec	<input type="checkbox"/> DELETE		1.1 TITLE	President & Treasurer	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAZARO F. GARCIA			1.2 NAME	Rosalba Sosa		
STREET ADDRESS	15925 S.W. 102 PL.			1.3 STREET ADDRESS	4740 S.W. 5th Street		
CITY-ST-ZIP	MIAMI, FL. 33157			1.4 CITY-ST-ZIP	MIAMI, FL. 33134		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V. President & Secret.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	LAZARO F. GARCIA		
STREET ADDRESS				2.3 STREET ADDRESS	15925 S.W 102 PL.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	MIAMI, FL. 33157		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				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			

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *Lazaro Felipe Garcia* DATE 4/10/96 (305) 529-5444

CR2E034 (12/95)

4-20-96