

Amended **61.25**
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # P96000018708
 1. Corporation Name
Unique Medical Equipment, INC.

Principal Place of Business: **2414 SW 137 AVE Miami, FL 33175**
 Mailing Address:

2. Principal Place of Business

21 **14921 SW 80 ST**
 Suite, Apt #, etc
 22 **# 218**
 City & State
 23 **Miami, FL**
 Zip Country
 24 **33193** 25 **Dade** 29

3. Date Incorporated or Qualified **Feb 29, 1996** 3a. Date of Last Report **7/27/97**
 4. FEI Number **65-0645938** 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
Michael Bernal
3351 SW 139 AVE
Miami, FL 33175

10. Name and Address of New Registered Agent
 81 Name **Miguel Perez**
 82 Street Address (P.O. Box Number is Not Acceptable) **11771 SW 188 Terrace**
 83
 84 City **Miami** FL 85 Zip Code **33177**

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 *Miguel Perez* (Signature of current registered agent) 11/18/97 (Date)
 (NOTE: Registered Agent's signature required when translating)

12. OFFICERS AND DIRECTORS

TITLE	Director/President	<input checked="" type="checkbox"/> DELETE
NAME	Michael Bernal	
STREET ADDRESS	3351 SW 139 AVE	
CITY- ST- ZIP	Miami, FL 33175	
TITLE	Director/ V. President	<input checked="" type="checkbox"/> DELETE
NAME	Gerardo Bernal	
STREET ADDRESS	3351 SW 139 AVE	
CITY- ST- ZIP	Miami, FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jacqueline Garuga	
13 STREET ADDRESS	9621 SW 77 AVE #108	
14 CITY- ST- ZIP	Miami, FL 33156	
21 TITLE	D.V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Miguel Perez	
23 STREET ADDRESS	11771 SW 188 Terrace	
24 CITY- ST- ZIP	Miami, FL 33177	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

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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 supplementary 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 a life tenant or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and if at my name appears in Block 12 or Block 13 it is correct or is an attachment with an address.

SIGNATURE: *Miguel Perez* 11/13/97 383-6153
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)