

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27139

KARISMA MEDICAL RENTALS

4445 W ILW AVE
SUITE 402
MIALEON FLA 33012

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SUITE 402
MIALEON FLA 33012

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified: 5/1/92
Date of Last Report

21 Principal Officer (Block 2)	26 Mailing Address	7 FEE Number 05-0319604	8 Appointed Fee Not Applicable
22 State, Apt # etc	27 State, Apt # etc	9 Certificate of Status Debited	\$8.75 Additional Fee (Block 1)
23 City & State	28 City & State	10 The corporation has liability for intangible tax under S. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

9 Name and Address of Current Registered Agent MARIO MENA 4445 WILTH AVE MIALEON FLA 33012	10 Name and Address of New Registered Agent B1 Name: Armando Hernandez, CPA B2 Street Address: 920 BILTMORE WAY B3 B4 City: Coral Gables FL Zip Code: 33134
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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: Armando Hernandez CPA DATE: 4/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO MENA	1.2 NAME	
STREET ADDRESS	4445 WILW AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIALEON FLA 33012	1.4 CITY - ST - ZIP	33080-1401523
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	-05/09/95 - 01127 - 006
STREET ADDRESS		2.3 STREET ADDRESS	***\$200.00 ***\$200.00
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: [Signature] DATE: 4/21/95 DAYTIME PHONE: 825-2510