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

PROFIT CORPORATION ANNUAL REPORT

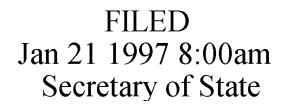


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L63158 (4)CAMPOS BROTHERS MEDICAL RENTAL, INC.





Principal Place of Business 15291 NW 60TH AVE. SUITE 100-B HALEAH FL 33014					Mailing Address 15291 NW 60TH AVE. SUITE 100-B HIALEAH FL 33014-2430								
US				US 93014-2450					3. Date incorporated or Qualified 04/06/1990				
	lace of Bus ness	B. D. A. S.	D N	·	Mailing Address	سي			4. FEI Number		\rightarrow	pplied For	
	50 NEW BARN RD.			26 54ME Suite, Apt #, etc					65-0182531 Not Applice \$8.75 Additiona			lot Applicable	
22 3 C				27	Suite, Apr. #, etc				5. Certificate of Status Desired			Additional Required	
City & State					C ty & State				6. Election Campaign Financing			May Be	
23 MID	23 MIDMI LAKES				28				Trust Fund Contribution	Added to Fees			
Zip		Country			Zip	Country		,	8. This corporation has liability for intangible tax under s. 199			s 199.032,	
24 33		0000		29		30				Yes			
	9. Name and	Address of	Current	Regist	ered Agent	· · · · · · · · · · · · · · · · · · ·	-	T	10. Name and Address of New Re	gistered /	gent		
	MPOS, LINO J						81	Name					
10144 NW 137TH ST HIALEAH GARDENS FL 33016							82	Street #	ddress (P.O. Box Number is Not Acceptable)				
HIAI	LEAM GAMDENS) FL 33016)				83						
							[33						
							84	City		FL	85 Zip	Code	
44 5			207.0500		27 47.00 file of Ctat	stee the s	<u> </u>	L	corporation submits this statement for the			les es alexande	
SIGNATURE	Quel	outs.	diction agend	لا بِس are blie i	ifaciplikablir (NC	DTE: Registere	ed Age			-/0-1 DATE			
12.	⊺ DP	OFICE	RS AND	DIREC		13.			ADDITIONS/CHANGES TO OFFICE	JERS AND	_		
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NAME	10144 NW 13		FT				IAME	- ADDOCCC					
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NAME	CAMPOS, MA	IRIA ELEN	A			1	IAME	Ì			_ *		
STREET ADDRESS	10144 NW 13	7TH STRE	ET			235	TREET	ADDRESS					
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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 arread report or supplemental arrival 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 cr chment with an address

SIGNATURE:

INTER NAME OF SIGNING OFFICER OR DIRECTOR