CORF ANNU	PROFIT PORATION AL REPORT 1996			B Morthar	m e					
OCUMENT # M47392 (9) Corporation Name INFUSAL, INC. Infusal Home Therapy, Inc.							1 10 8/8 8/1/ 1/2 8/8/1/ 1/2 8/8/1/	16 0 10 28 0 (101 0	AFI BJAIN ANAN A	
rincipal Place of Business Mailing Address 6490 WEST 20TH AVENUE 6490 WEST 20TH AVENUE HIALEAH FL 33016-2603 HIALEAH FL 33016-260							And the state of t			
							3. Date Incorporated or Qualif 02/27/1987	ed 3a . [Date of Last I 05/18/	1
Principal Plac	ce of Business	2a. N	2a, Mailing Address				4. FEI Number 59-2777669	L	00/10/	Applied For
Suite, Apt #,	, etc.		ulte, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	Not Applicab 5 Additional
City & State			City & State				6. Election Campaign Financin		Fee \$5.0	Required May Be
Zip	Country 25		28			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes \(\sumsymbol{\text{No}} \) No				
	9. Name and Address of (Current Register	ed Agent		81	Name	10. Name and Address of Ne			
FIGUER	ROA, LUIS R.				1	racario		************		
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	20TH AVENUE			L	82	Street Addr	ress (P.O. Box Number is Not Acce	ptable)		
	/ 20TH AVENUE H FL 33016			L	82 83	Street Addr	ress (P.O. Box Number is Not Acce	ptable)	d Ad Ad Ad An diddhinh myn ym y gys y yw	
HIALEA	H FL 33016	7.0502 and 607.1	508. Florida Stature	To the obe	83 84	City		F		ıp Code
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6.3 STREET ADDRESS
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6.5 CITY - ST- ZIP
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6.8 CITY - ST- ZIP
6.9 CITY - ST

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAMED SIGNING OFFICER OR DIRECTOR

4.25.96 305-362-5599)