

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Reinstatement - 97

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 AM 8:50

10/29

DOCUMENT # M55100 (5)
1. Corporation Name
ADVANCE BIOMEDICAL CENTER INC.



Principal Place of Business
C/O MARIO P. RUIZ
6900 NW 51 STREET
MIAMI FL 33166

Mailing Address
C/O MARIO P. RUIZ
6900 NW 51 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O MARIO P. RUIZ Suite, Apt. #, etc. 22 6915 NW 51 st. City & State 23 MIAMI FL Zip 24 33166 Country 25 DADE		2a. Mailing Address 26 C/O MARIO P. RUIZ Suite, Apt. #, etc. 27 6915 NW 51 st. City & State 28 MIAMI FL Zip 29 33166 Country 30 DADE		3. Date Incorporated or Qualified 07/07/1987		3a. Date of Last Report 05/21/1996	
				4. FEI Number 59-2812000		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

RUIZ, MARIO P.
6900 NW 51 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name Ruiz, Mario P.
82 Street Address (P.O. Box Number is Not Acceptable)
6915 NW 51 st.
83 Miami FL
84 City Miami FL FL 85 Zip Code 33166

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 MARIO P. RUIZ Director

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	RUIZ, MARIO P.	1.2 NAME	
STREET ADDRESS	11205 SW 33 CIR. PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	RUIZ, ROSA E.	2.2 NAME	
STREET ADDRESS	11205 SW 33 CIR. PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 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, as applicable, or in an attachment with an address.

SIGNATURE: MARIO P. RUIZ DIRECTOR

10/21/97

(305) 591-4009

CR2E034 (4/97)