

PO1000005607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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02 OCT 22 PM 1:30

CLERK OF STATE
ALACHASSEE, FLORIDA

Ps 10/24/02

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Havana Medical Equipment Inc.
(Name of corporation)

DOCUMENT NUMBER: p01000005607

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Fernandez
(Name of person)

Havana Medical Equipment, Inc.
(Name of firm/company)

4700 NW 7th St. Ste @
(Address)

Miami, FL 33126
(City/state and zip code)

For further information concerning this matter, please call:

Jose Fernandez at ((305)) 648-0303
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

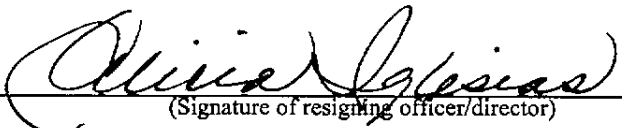
OFFICER / DIRECTOR RESIGNATION

I, Alicia Iglesias, hereby resign as President
(Title)

of Havana Medical Equipment, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**