

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010549 (3)

1. Corporation Name
MED TRANSPORT INC.

Principal Place of Business Mailing Address
4700 NW 7TH STREET, #429 MIAMI FL 33126-2259

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/09/1992		3a. Date of Last Report 07/06/1994	
4. FEI Number 65-0375571		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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21				2a. Mailing Address 26				4. FEI Number 65-0375571			
Suite, Apt. #, etc. 22				Suite, Apt. #, etc. 27				5. Certificate of Status Desired <input type="checkbox"/>			
City & State 23				City & State 28				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
Zip 24		Country 25		Zip 29		Country 30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**OLIVEROS, ARMANDO JR
2307 DOUGLAS RD
SUITE 200
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, JAUN	1.2 NAME	
STREET ADDRESS	4700 NW 7TH STREET, #429	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126-2259	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRIBARREN, JOSE	2.2 NAME	
STREET ADDRESS	4700 NW 7TH STREET, #429	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126-2259	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 119.07(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 13 of this statement, or on an attachment with an address.

SIGNATURE: _____ (1-17-95)
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR