

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000010549 (3)**

1. Corporation Name  
**MED TRANSPORT INC.**



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

3. Date Incorporated or Qualified **12/09/1992** 3a. Date of Last Report **01/25/1995**  
4. FEI Number **65-0375571** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVEROS, ARMANDO JR  
2307 DOUGLAS RD  
SUITE 200  
MIAMI FL 33145**

81 Name **OLIVEROS ARMANDO JR**  
82 Street Address (P.O. Box Number is Not Acceptable) **6261 SUNSET DRIVE**  
83  
84 City **MIAMI** FL 85 Zip Code

*(Address change only)*

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 Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
1. TITLE **PD** DELETE  
2. NAME **JIMENEZ, JAUN**  
3. STREET ADDRESS **4700 NW 7TH STREET, #429 MIAMI FL 33126-2259**  
4. CITY - ST - ZIP  
5. TITLE **VSD** DELETE  
6. NAME **IRIBARREN, JOSE**  
7. STREET ADDRESS **4700 NW 7TH STREET, #429 MIAMI FL 33126-2259**  
8. CITY - ST - ZIP  
9. TITLE DELETE  
10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP  
13. TITLE DELETE  
14. NAME  
15. STREET ADDRESS  
16. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 Block 13 if checked, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-26-96** **445-0048**  
Date Daytime Phone #

CR2E034 (12/95)