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• PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018917

1. Corporation Name
BECO DURABLE MEDICAL EQUIPMENT, INC.

Principal Place of Business % OCARIS FERNANDEZ 175 FOUNTAINBLEAU BLVD., STE 2J1 MIAMI FL 33172 US	Mailing Address % OCARIS FERNANDEZ 175 FOUNTAINBLEAU BLVD., STE 2J1 MIAMI FL 33172 US
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23	27 City & State
24 Zip 25 Country	28 Zip 29 Country

9. Name and Address of Current Registered Agent

FERNANDEZ, OCARIS
175 FOUNTAINBLEAU BLVD., STE 2J1
MIAMI FL 33172

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Ocaris Fernandez

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

Ocaris Fernandez

(NOTE: Registered Agent signature required when reinstating)

DATE

01/22/89

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENITEZ, GUILLERMO V 11572 S.W. 5TH ST. MIAMI FL 33174	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, OCARIS 618 NW 128TH PLACE MIAMI FL 33182	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FLORES, LAZARA R 10240 SW 4TH ST MIAMI FL 33174	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP <i>VD Flores Lazara R 10240 SW 4th St. MIAMI FL 33174</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ocaris Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/99 305-220-5724

Date

Daytime Phone #