


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000034342 (4)

1. Corporation Name
A & V DURABLE MEDICAL EQUIPMENT, INC.



Principal Place of Business 11117 W OKEECHOBEE RD SUITE 118 HALEAH FL 33018 US	Mailing Address 11117 W OKEECHOBEE RD SUITE 118 HALEAH GARDENS FL 33018-4209 US
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3. Date Incorporated or Qualified 05/12/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0408894	Applied For <input type="checkbox"/> 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 11117 W. OKEECHOBEE RD	2a. Mailing Address 11117 W OKEECHOBEE RD
21. Suite, Apt. #, etc. SUITE #101	26. Suite, Apt. #, etc. SUITE #101
22. City & State HALEAH GARDENS, FL	27. City & State HALEAH GARDENS, FL
23. Zip 33018	28. Zip 33018
24. Country DADE	29. Country DADE

9. Name and Address of Current Registered Agent VIERA, MARTHA 5350 W. 22 LANE APT. #8 HALEAH FL 33018	
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10. Name and Address of New Registered Agent	
81. Name VIERA MARTHA	
82. Street Address (P.O. Box Number is Not Acceptable) 7302 WEST 34 AVE	
83. City HALEAH, FL	
84. City HALEAH	85. Zip Code 33018

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 do not dispute, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **4/17/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D VIERA, MARTHA
STREET ADDRESS	7302 W. 34 AVENUE
CITY - ST - ZIP	HALEAH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D VIERA, LUIS
STREET ADDRESS	7302 W 34 AVENUE
CITY - ST - ZIP	HALEAH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **4/17/97**

CR2E034 (9/96)