FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000036477 (6)

1. Corporation Name

ATLAS MEDICAL EQUIPMENT CORP.

Principal Place of Business

6850 CORAL WAY
#400-A
MIAMI FL 33155

Mailing Address

6850 CORAL WAY
#400-A
MIAMI FL 33155

2. Principal Place of Business
21 6850 CORAL WAY
Suite, Apt. #, etc.
22 400
City & State
23 MIAMI
24 Zip FL
25 Country 33155

2a. Mailing Address
26 6850 CORAL Way
Suite, Apt. #, etc.
27 400
City & State
28 MIAMI
29 Zip Fl
30 Country 33155

3. Date Incorporated or Qualified 05/17/1993

3a. Date of Last Report 04/20/1995

4. FEI Number 65-0416684 [ ] 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

9. **Name and Address of Current Registered Agent**

SALCEDO, IRIS
11035 SW 56 STREET, RR
MIAMI FL 33165

10. **Name and Address of New Registered Agent**

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 607.1508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	[ ] DELETE
NAME	SALCEDO, IRIS	
STREET ADDRESS	11035 S.W. 56TH ST. RR	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	[X] Change [ ] Addition
1.2 NAME	IRIS SALCEDO	
1.3 STREET ADDRESS	12736 SW 66 TERR DR.	
1.4 CITY-ST-ZIP	MIAMI, FL 33183	
2.1 TITLE		[ ] Change [ ] Additio
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Ad
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Chan ... on
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), Florid... 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 eff... 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 Statute... at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Salcedo IRIS SALCEDO 4-2-96 66-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone