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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

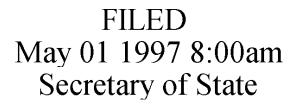
1997

DOCUMENT # P93000073419 (2)

A M MEDICAL EQUIPMENT CORP.

Principal Place of Business

Mailing Address





| 3430 SW 127 AVE MIAMI FL 33175 | | 3430 SW 127 AVE MIAMI FL 33175-2712 | | | | | |
|--|---|--|--------------------------------|--|--|----------------------------------|-----------------------------|
| | | | | | Date Incorporated or Qualified 10/22/1993 | 3a. Date of Last F 04/28/1996 | leport |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | pplied For | |
| 21 | | 26 | | | 65-0442683 | 60 7F | ot Applicable Additional |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | equired |
| City & Stat 23 | e | City & State | | | Election Campaign Financing Trust Fund Contribution | Added | May Be to Fees |
| 7(p 24 | Country 25 | Zip 29 | Country 30 | y | | Yes No | i. 19 9.032, |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | 1 Mana | 10. Name and Address of New Re | gistered Agent | |
| | DINA, ANTONIA | | 01 | Name | | | |
| 3430 S.W. 127TH AVENUE MIAMI FL 33175 | | | | 2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | 83 | | | | |
| | | | 84 | City | | FL 85 Zip | Code |
| 11. Pursuant office or agent. La | registered agent, or both, in the Stat am familiar with, and accept the obli | e of Florida. Such change was gations of, Section 607.0505, Fi | authorized b lorida Statute | y the corpora | poration submits this statement for the pation's board of directors. I hereby acceptions | от те арроштел а | registered |
| | Signature hypicolor pursed name of registered at | · | | ent signature requi | ired when reinstaling) ADDITIONS/CHANGES TO OFFICE | DATE SERS AND DIRECTO | RS IN 12 |
| 12. | PSD OFFICERS AT | ND DIRECTORS DELETE | 13. 1.1 TILLE | | ADDITIONS/CHANGES TO OFFIC | Change | Addition |
| NAME | MEDINA, ANTONIA | | 1.2 NAME | | | | |
| STREET ADDRESS | 3430 S.W. 127TH AVE. | | 1.3 STREE | T ADDRESS | | | |
| C-Tr-St ZiP | MIAMI FL 33175 | | 1.4 CITY- | ST-ZIP | | | |
| TITLE | TD | DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | SANCHEZ, MARIA | | 2.2 NAME | | | | |
| STREET ADDRESS | 3430 S.W. 127TH AVE. MIAMITEL 33175 | | | TADDRESS | • | | |
| CHY-ST-ZIP TUILE | MIAMI PL 331/3 | DELETE | 2. 4 CITY 3.1 TITLE | | : | Change | Addition |
| NAME | | L Detert | 3.2 NAME | | | * | |
| STREET ADORESS | | | | T ADDRESS | | | |
| CITY-S1-ZiP | | | 3.4. CITY | -ST-ZIP | | | |
| T-IILE | | DELETE | 4.1 TITLE | | | Change | Addition Addition |
| NAMi | | | 4. 2 NAM | E | | | |
| STREET ADORESS | | | 4.3 STRE | ET ADDRESS | | | |
| C(17 - \$1 - 7/6 | | T profit | 4.4 CITY- | | | Change | Addition |
| THE | | DELETE | 5.1 TITLE | | | L. Gildille | Audillo: |
| NAME | | | 5.2 NAM | | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | | |
| CHY-S1-70° | | DELETE | 6.1 TITLE | | | Change | Additio |
| NAME | | Band - Ballin | 6.2 NAM | ĺ | | - | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CHY-SI-ZIP | | | 6.4 CITY | | | | |
| CHILDSOLFIL | | | 4 4 4 | | od in Caption 440 07/2001 Elevide Ctabute | a I further portify the | at the |

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 regeiver 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 available that my name address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

4-17-9

(305) 53270k