SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P93000088136 (5)

Principal Place of Business	Mailing Address
2358 SW 8TH ST MIAMI FL 33135 US	2358 SW 8TH ST MIAMI FL 33135 US

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 AUG 27 PM 2: 22

GM RENTAL MEDICAL EQUIPMENT CORPORATION					
Principal Place of Business  2358 SW 8TH ST MIAMI FL 33135 US  Mailing Address  2358 SW 8TH ST MIAMI FL 33135 US				ili Alille i Aill i Aill i Libba trita Dru 1860:	
				3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1995	
2. Principal Place of Business	2a, Mailing Address			4. FEI Number	Applied For
2. Principal Place of Business	26			65-0461477	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #. etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
2	27			6. Election Campaign Financing	<b>\$5.00</b> May Be
City & State	City & State			Trust Fund Contribution	Added to Fees
Zip Country	<b>28</b> Zip	Cou	intry	8. This corporation has liability for i	ntangible tax under s. 199 032,
Zip Country 25	29	30		Florida Statutes	Yes No
9. Name and Address	of Current Registered Agent			10. Name and Address of New Re	gistered Agent
			81 Name		
LOPEZ, NANCY C 4787 N.W. 2 STREET			82 Street Addr	ress (PO. Box Number is Not Acceptab	le)
MIAMI FL 33126			-		
michan I C 00120			83		
			84 City		FL 85 Zip Code
Pursuant to the provisions of Soctions office or registered agent, or both, in	the obligations of Section 607 050	ns. Elorida Stal	ules		
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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have made under oath, that I am an off ser or director of the forporation or the receiver or trustee empowered to execute this report as required by Chap that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE SIGNATURE AND TYPEO OR BRINTEN NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 305 541-2227

0045019 CP