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 # **P94000028433 (8)**

1. Corporation Name

L.E.D. MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
11401 BIRD ROAD SUITE 339 MIAMI FL 33165	11401 BIRD ROAD SUITE 339 MIAMI FL 33165

3. Date Incorporated or Qualified: **04/12/1994**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **65-0478874** [ ] 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 [X] Yes [ ] No

2. Principal Place of Business

21 4745 SW 75 Ave
22 Suite, Apt. #, etc.
23 Miami - Fl
24 Zip 33155 25 Country USA

2a. Mailing Address

26 1800 S.W. 1 St.
27 Suite, Apt. #, etc. 312
28 City, & State Miami, FL
29 Zip 33135 30 Country USA

9. Name and Address of Current Registered Agent

GARCIA, LIGIA P
11401 BIRD AVE SUITE 339
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 Section 607.1605, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity is qualified to do business in Florida and I am familiar with and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE: X Ligia Garcia. 3/20/96

12. OFFICERS AND DIRECTORS

TYPE	DP	[ ] DELETE
NAME	GARCIA, LIGIA P	
STREET ADDRESS	14950 SW 152ND TER	
CITY-ST-ZIP	MIAMI FL 33187	
TYPE	DV	[ ] DELETE
NAME	LAZCANO, ELENA P	
STREET ADDRESS	11481 SW 200TH ST	
CITY-ST-ZIP	MIAMI FL 33157	
TYPE	S	[ ] DELETE
NAME	GARCIA, DENNIS	
STREET ADDRESS	14950 S.W. 152ND TERR	
CITY-ST-ZIP	MIAMI FL 33187	
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

61 TYPE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
65 TYPE	[ ] Change	[ ] Addition
66 NAME		
67 STREET ADDRESS		
68 CITY-ST-ZIP		
69 TYPE	[ ] Change	[ ] Addition
70 NAME		
71 STREET ADDRESS		
72 CITY-ST-ZIP		
73 TYPE	[ ] Change	[ ] Addition
74 NAME		
75 STREET ADDRESS		
76 CITY-ST-ZIP		
77 TYPE	[ ] Change	[ ] Addition
78 NAME		
79 STREET ADDRESS		
80 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is complete, accurate and 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 added, or is otherwise entitled to remain blank.

SIGNATURE: X Ligia Garcia 3/20/96 (305) 265-2347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)