

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000048764 (2)

1. Corporation Name

LIZ MEDICAL EQUIPMENT, INC.

FILED
Jan 17 1997 8:00am
Secretary of State



Principal Place of Business

1790 W. 49TH ST.
415 B.
HAILEAH FL 33012
US

Mailing Address

11100 S.W. 40TH STREET
MIAMI FL 33165-4417

2. Principal Place of Business

21 1790 W 49 ST

26 Mailing Address

26 1790 W 49 ST

Suite, Apt. #, etc.

22 400-8

27 400-8

City & State

23 Hialeah, FL

28 Hialeah, FL

Zip 24 33012 Country 25 USA

29 Zip 33012 30 Country USA

9. Name and Address of Current Registered Agent

BARRIAL, LIZ BETH
11100 S.W. 40TH STREET
MIAMI FL 33165

81 Name Maria E Ramirez

82 Street Address (P.O. Box Number is Not Acceptable)

11007 N.W. 6 ST

83

84 City Miami FL 85 Zip Code 33172

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

Maria E Ramirez President

DATE 01/06/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, MARIA E		1.2 NAME	
STREET ADDRESS	11007 NW 6TH STREET		1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL		1.4 CITY, ST, ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY, ST, ZIP			2.4 CITY, ST, ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY, ST, ZIP			3.4 CITY, ST, ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY, ST, ZIP			4.4 CITY, ST, ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY, ST, ZIP			5.4 CITY, ST, ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY, ST, ZIP			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 if changed, or in an attachment with an address.

SIGNATURE:

Maria E Ramirez 01/06/97 305-819-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)