

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000059586 (5)

1. Corporation Name

INTERNATIONAL SLEEP DISORDERS INSTITUTE, INC.



Principal Place of Business

**8358 S.W. TAMiami TRAIL
MIAMI FL 33144**

Mailing Address

**8358 S.W. TAMiami TRAIL
MIAMI FL 33144**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**NUNEZ, ANA
8358 S.W. TAMiami TRAIL
MIAMI FL 33144**

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

09/29/1995

4. FET Number

65-0534248

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Typed Name of the person who is the registered agent

DATE

12. OFFICERS AND DIRECTORS

1	NAME	D NUNEZ, ANA	<input type="checkbox"/> DELETE
2	STREET ADDRESS	8358 S.W. TAMiami TRAIL	
3	CITY-STATE-ZIP	MIAMI FL 33144	
4	NAME		<input type="checkbox"/> DELETE
5	STREET ADDRESS		
6	CITY-STATE-ZIP		
7	NAME		<input type="checkbox"/> DELETE
8	STREET ADDRESS		
9	CITY-STATE-ZIP		
10	NAME		<input type="checkbox"/> DELETE
11	STREET ADDRESS		
12	CITY-STATE-ZIP		
13	NAME		<input type="checkbox"/> DELETE
14	STREET ADDRESS		
15	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	12 NAME	
3	13 STREET ADDRESS	
4	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	21 TITLE	
6	22 NAME	
7	23 STREET ADDRESS	
8	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	31 TITLE	
10	32 NAME	
11	33 STREET ADDRESS	
12	34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	41 TITLE	
14	42 NAME	
15	43 STREET ADDRESS	
16	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17	51 TITLE	
18	52 NAME	
19	53 STREET ADDRESS	
20	54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	61 TITLE	
22	62 NAME	
23	63 STREET ADDRESS	
24	64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)