



FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 24 1997 8:00a Secretary of State	
DOCUMENT # P94000089357 (5)					
1. Corporation Name OSYRISS MEDICAL EQUIPMENT, INC.					
Principal Place of Business 3408 SW 8TH ST MIAMI FL 33135 US		Mailing Address 3408 SW 8TH ST MIAMI FL 33135-4408 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/09/1994	
21 Suite, Apt #, etc.		26 PO BOX 650021		3a. Date of Last Report 05/01/1996	
22 City & State		27 Suite, Apt #, etc.		4. FEI Number 65-0539371	
23 Zip		28 MIAMI FL		Applied For Not Applicable	
25 Country		29 33265		5. Certificate of Status Desired \$8.75 Additional Fee Required	
26 Country		30 US		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PEREZ, ENRIQUE 3408 SW 8TH ST MIAMI FL		10. Name and Address of New Registered Agent			
		81 Name RAMON FONSECA			
		82 Street Address (P.O. Box Number is Not Acceptable) 12775 SW 45TH LN			
		83			
		84 City MIAMI			
		85 FL			
		86 Zip Code 33175			
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 x [Signature] DATE 03/15/97					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 on an attachment with an address.					
SIGNATURE: x [Signature] DATE 03/15/97					