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Jun 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000008377 (0)

1. Corporation Name

U.S. HEALTH PRODUCTS, INC.

Principal Place of Business

8191 CORAL WAY, 200
MIAMI FL 33145

Mailing Address

3191 CORAL WAY, 200
MIAMI FL 33145-3219



2. Principal Place of Business

21 6440 S.W. 56 ST
Suite, Apt. #, etc.

2a. Mailing Address

26 S.W. ST
Suite, Apt. #, etc.

22 City & State

23 MIAMI - FL
Zip Country

24 33155

25 U.S.A

27 City & State

28 MIAMI - FL
Zip Country

29 331

30 U.S.A

3. Date Incorporated or Qualified
02/01/1995

3a. Date of Last Report
08/12/1996

4. FEI Number

65-0662461

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

9. Name and Address of Current Registered Agent

MESA, JULIAN L
3191 CORAL WAY, 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

CESAR R. NIEVES

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

6440 S.W. 56 ST.

83

84 City

MIAMI

FL

85 Zip Code

33155

31. 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 *Cesar R. Nieves*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MESA, JULIAN L
STREET ADDRESS 3191 CORAL WAY, 200
CITY-ST-ZIP MIAMI FL 33145

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

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 *Cesar R. Nieves* 3/12/97 661-2077

CR2E034 (9/96)