

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017318 (3)

1. Corporation Name

OXY-WORLD MEDICAL EQUIPMENT, CORP.



Principal Place of Business

Mailing Address

222 N.W. 45TH AVENUE
SUITE 102
MIAMI FL 33126

222 N.W. 45TH AVENUE
SUITE 102
MIAMI FL 33126

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2050 Coral way

26 2050 Coral way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #505

27 #505

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33145

25 USA

29 33145

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVERA, JOSE M
222 N.W. 45TH AVENUE
SUITE 102
MIAMI FL 33126

81 Name Mayra Rivera

82 Street Address (P.O. Box Number is Not Acceptable)
2050 Coral Way #505

83

84 City Miami

FL

85 Zip Code 33145

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 Mayra Rivera

Mayra Rivera - Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE President
NAME Jose M. Rivera
STREET ADDRESS 222 NW 45 Avenue, Ste. 102
CITY-ST-ZIP Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE President
12 NAME Mayra Rivera
13 STREET ADDRESS 2050 Coral way, Suite 505
14 CITY-ST-ZIP Miami, FL 33145

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X Mayra Rivera

Mayra Rivera - President

Date

Daytime Phone

CR2E034 (3/96)