FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000025002 (3)

1. Corporation Name

BETTER HEALTH MEDICAL EQUIPMENT AND SUPPLIES, IN C.

Principal Place of Business	Mailing Address
9139 NW 152 LN MIAMI FL 33016	9139 NW 152 LN MIAMI FL 33016

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report:

4. FEI Number: 65-0571943 — [ ] 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

	2. Principal Place of Business		2a. Mailing Address
21	7700 West 24th Avenue	26	Same
22	Suite, Apt. #, etc.: No. 5	27	Suite, Apt. #, etc.:
23	City & State: Hialeah, Florida	28	City & State:
24	Zip: 33016	29	Zip:
25	Country: U.S.A	30	Country:

9. Name and Address of Current Registered Agent

DIAZ, JERRY
9139 NW 152 LN
MIAMI FL 33016

10. Name and Address of New Registered Agent

81	Name: Diaz, Jerry
82	Street Address (P.O. Box Number is Not Acceptable): 7700 West 24th Averue
83	No. 5
84	City: Hialeah, FL
85	Zip Code: 33016

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	Jerry Diaz	
STREET ADDRESS	7700 West 24th Avenue No 5	
CITY-ST-ZIP	Hialeah, Florida 33016	
TITLE	Vice President	[X] DELETE
NAME	Sonia Diaz	
STREET ADDRESS	7700 West 24th Avenue No 5	
CITY-ST-ZIP	Hialeah, Florida 33016	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Vice President	[ ] Change [X] Addition
2.2 NAME	Ana Maria Perez	
2.3 STREET ADDRESS	6810 S.W. 7th Street	
2.4 CITY-ST-ZIP	Miami, Florida 33144	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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] Jerry Diaz President — February 20, 1996 — (305) 822-1032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day Phone

CR2E034 (12/95)