

**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. Martham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1996 8:00 am
Secretary of State

DOCUMENT # P95000028252 (1)

1. Corporation Name:

YNL RENTAL MEDICAL EQUIPMENT CORP.



Principal Place of Business: **7780 N.W. 61TH STREET MIAMI FL 33166**
Mailing Address: **7780 N.W. 64TH STREET MIAMI FL 33166**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt #, etc	26	Suite, Apt #, etc	04/10/1995	
22	City & State	27	City & State	4. FEI Number	Applied For Not Applicable
23	Zip	28	Zip	65-0570813	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 190.012, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOREDO, DOLORES 7780 N.W. 64TH STREET MIAMI FL 33166				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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1. TITLE	Change Add/Remove		
NAME	LOREDO, YUDELMISS			12. NAME			
STREET ADDRESS	7780 N.W. 64TH STREET			13. STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166			14. CITY-ST-ZIP	Change Add/Remove		
TITLE	PD	DELETE		21. TITLE	Change Add/Remove		
NAME	LOREDO, YUDELMISS			22. NAME			
STREET ADDRESS	7780 NW 64ST			23. STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			24. CITY-ST-ZIP	Change Add/Remove		
TITLE		DELETE		31. TITLE	Change Add/Remove		
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP	Change Add/Remove		
TITLE		DELETE		41. TITLE	Change Add/Remove		
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY-ST-ZIP				44. CITY-ST-ZIP	Change Add/Remove		
TITLE		DELETE		51. TITLE	Change Add/Remove		
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY-ST-ZIP				54. CITY-ST-ZIP	Change Add/Remove		
TITLE		DELETE		61. TITLE	Change Add/Remove		
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY-ST-ZIP				64. CITY-ST-ZIP	Change Add/Remove		

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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)(b), 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 201, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment to this address.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
6/21/96 (305) 549-2100

CRE034 (3/96)