

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000039864 (0)**

1. Corporation Name:

CORAL MEDICAL EQUIPMENT SERVICES, INC.



Principal Place of Business: **8120 CORAL WAY MIAMI FL 33155**
Mailing Address: **8120 CORAL WAY MIAMI FL 33155**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

3. Date Incorporated or Qualified: **05/19/1995**
3a. Date of Last Report: []
4. FCI Number: [] 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**BEAZ, ROBERTO
8120 CORAL WAY
MIAMI FL 33155**

81. Name: []
82. Street Address (P.O. Box Number is Not Acceptable): []
83. []
84. City: []
85. Zip Code: **FL**

11. Pursuant to the provisions of Section 607.0102 and 607.0103, Florida Statutes, the above named corporation, a subject of this state, for the purpose of changing its registered office or registered agent, or both, in the State of Florida, has changed, year and date filed, the corporation's listed office or offices. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0106, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	PEREZ, LUIS A	
STREET ADDRESS	13205 S.W. 69TH TERRACE	
CITY, ST, ZIP	MIAMI FL 33183	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BATISTA, NORIEL	
STREET ADDRESS	10902 S.W. 2ND ST., #1F	
CITY, ST, ZIP	MIAMI FL 33174	
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

TITLE		[] Change [] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	VD	[] Change <input checked="" type="checkbox"/> Addition
NAME	BEAZ, ROBERTO	
STREET ADDRESS	3301 N.E. 5TH AVE #1008	
CITY, ST, ZIP	MIAMI, FL 33137	
TITLE		[] Change [] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] Change [] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] Change [] Addition
NAME		
STREET ADDRESS		
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 included on this annual report or supplementary annual report is true and correct 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 and that the report or trustee empowered to execute this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I have changed my office or offices.

SIGNATURE: **LUIS A. PEREZ** 3-27-96 266-6573

CR2E034 (12/95)