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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042366 (1)

1. Corporation Name

LIBRA MEDICAL, INC.



Principal Place of Business

8153 NW 192 ST
MIAMI FL 33015

Mailing Address

8153 NW 192 ST
MIAMI FL 33015

2. Principal Place of Business

21 12908 S.W. 133 ROAD

CT.

2a. Mailing Address

26 12908 S.W. 133 ROAD

CT.

Suite, Apt. #, etc.

22 SUITE B

Suite, Apt. #, etc.

27 SUITE B

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33186

Country

Zip

29 33186

Country

30 DADE

9. Name and Address of Current Registered Agent

RODRIGUEZ, TANIA
8153 NW 192 ST
MIAMI FL 33015

81 Name

ALBERTO FLORES

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

12908 S.W. 133 ROAD CT.

83

84 City

MIAMI

FL 33186

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

[Signature] Signature, type or print name of registered agent and title if applicable

NOTE: Registered Agent signature required when changing

DATE

12.

OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	RODRIGUEZ, TANIA	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			1.2 NAME	
STREET ADDRESS	8153 NW 192 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)