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 # P95000045544 (0)

1. Corporation Name

HEALTHNET MARITIME SERVICES II, INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD SUITE 40 CORAL GABLES 33 134	999 PONCE DE LEON BLVD SUITE 40 CORAL GABLES 33 134

2. Principal Place of Business 21 — 2a. Mailing Address 26
Suite, Apt. #, etc 22 — Suite, Apt. #, etc 27
City & State 23 — City & State 28
Zip 24 Country 25 — Zip 29 Country 30

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report:
4. FEI Number: 65-0585622 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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

9. Name and Address of Current Registered Agent

ROSSX FIU CORPORATION
701 BRICKELL AVE
SUITE 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ISMAEL ROQUE-VELASCO
82 Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BLVD. SUITE 40
83
84 City: CORAL GABLES, FL — FL — 85 Zip Code: 33134

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 ✗ 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] — 7-10-96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	ROQUE-VELASCO, ISMAEL	
STREET ADDRESS	999 PONCE DE LEON BLVD SUITE 40	
CITY-ST-ZIP	CORAL GABLES FL 33313	
TITLE	D	[ ] DELETE
NAME	GARCIA, ISABEL	
STREET ADDRESS	999 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES 33 134	
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		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	800001896378	[ ] Change [ ] Addition
5.2 NAME	-07/17/96--01037--002	
5.3 STREET ADDRESS	***233.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS	7/17/96	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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] ISMAEL ROQUE-VELASCO, PRESIDENT — 6-1-96 — (305)567-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #