2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000052148 OXY HEALTH EQUIPMENT SERVICES INC. Mailing Address Principal Place of Business 6001 N.W. 153RD STREET CCC: N.W. 153RD STREET SUITE 120 SHITE 120 HHAHH LAKES FL 33014 MIAMI LAKES FL 33014-2447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zio Country Country 6. Name and Address of Current Registered Agent BRITO, ESTEBAN D

6001 N.W. 153RD STREET

9. This corporation is eligible to satisfy its Intangible

BRITO, ESTEBAN D

30 EAST 63 STREET

HIALEAH FL 33013

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

 \Box

OFFICERS AND DIRECTORS

MIAMI LAKES FL 33014

SUITE 120

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIE

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

NAME

TITLE NAME

TITLE NAME

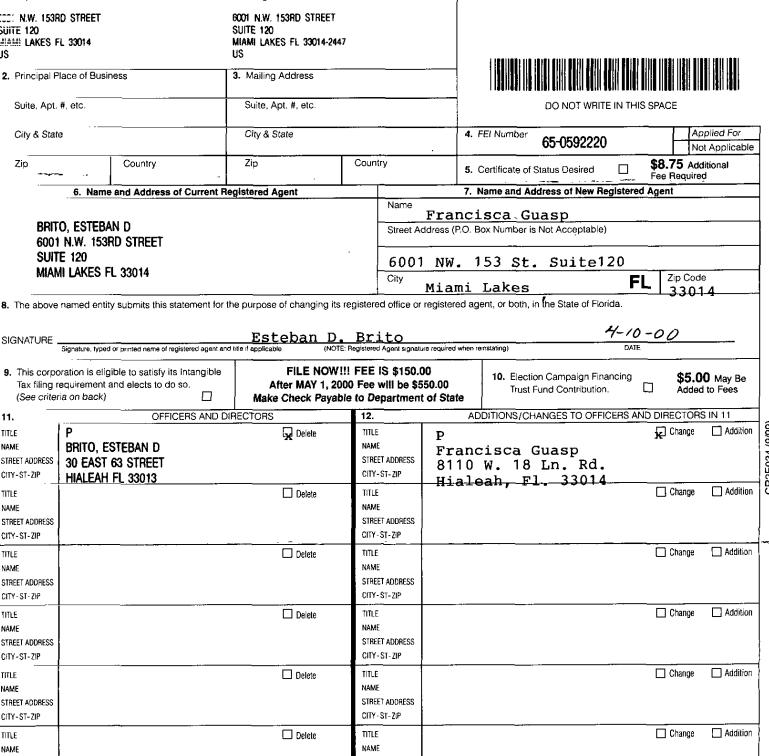
TITLE

NAME

CITY-ST-7IF

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90126 020 ***150.00



I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

<u>Esteban D. Brito</u>

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

12.

TITI F

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

P

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisca Guasp <u>4-/0-60</u> 305-231-7917