FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000054088 (6)

MEDICAL EXPRESS ENTERPRISES, INC.

SIGNATURE:

Principal Place			LYBOHARDY (IN NOINS BANIN BRINN BRINN BRANN BREIDI DLINI DEBHI ERWAN LOKAN TRIL ERDI.					
7800 W 20TH A	N/E.	7600 W 20TH AVE.						
ST 218		ST 218						
HIALEAH FL 33016		HIALEAH FL 33016-1821						
					 Date Incorporated or Qualified 07/13/1995 		ate of Last Re 01/1996	eport
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Аp	plied For
21		26			65-0663424		No	t Applicable
Suite, Apt	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22 City & State	Δ	City & State			6. Election Campaign Financing			
23	·	28			Trust Fund Contribution	, D	\$5.00 Added to	
Zipi	Country	Zφ	Country	'	6. This corporation has liability	for intangible	tax under s.	199.032,
24	25	29	30		Florida Statutes	Yes [□ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered	Agent	
	IZALEZ, FRANCISCO V		81	Name				
	W 20TH AVE.		82	Street Add	fress (P.O. Box Number is Not Accep	table)	······································	
ST 2						·····		
HIAL	EAH FL 33016		83					
			84	City			85 Zip (Code
	the province of Castions CO7 Of	02 and 607 1509 Florida Ctab	ton the about	nomed one	poration submits this statement for th	FL		a registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was	authorized by	the corpora	ation's board of directors. I hereby ac	cept the app	pointment as	registered
agent ha	m familiar with, and accept the obliq	gations of, Section 607.0505, F	lorida Statutes	3				
SIGNATURE	5.g service typeg or princed name of registered ag	nent and title of Applicable (NC	TF: Recistered Ace	of singstyre regu	Ired when reinstating)	DATE		
12.		ND DIRECTORS	13.	a K angrintova roda	ADDITIONS/CHANGES TO OF		DIRECTOR	IS IN 12
TITLE	PO	DELETE	1.1 TETLE				Change	Addition
NAME	Gonzaiez, Francisco V		1.2 NAME					
STREET ADDRESS	14275 SABAL DR.		1.3 STREET ADDRESS					
CITY-ST-Zift	MIAMI LAKES FL 33014		1.4 CITY - S	T-ZIP				
TULE	VPTO	DELETE	2.1 TITLE				Change	Addition
NAME	FERNANDEZ, EDDY F		2.2 NAME					
STREET ADDRESS	6100 MOSS RANCH RD.		2.3 STREET ADDRESS					
CHY-ST-ZIP	MIAMI FL 33156		2. 4 CITY-	ST - ZIP			F-1 2:	
TITLE			. 3.1 TITLE				Change	Addition
NAME	GONZALEZ, MARTA 14275 SABAL DR.		3.2 NAME	}				
STREET ADDRESS	MIAMI LAKES FL 33014		3.3 STREET					
CITY - ST - 7IP	MIDMI DATES I E 30014	DELETE	3.4. CITY - 1 4.1 TITLE	ST-ZIP			Change	Addition
TITLE NAME	1	Dotter	4.1 (IILE 4.2 NAME	- (Onlange	Agonon
STREET ADDRESS			4.3 STREET	AUDDECC				
CITY-ST-ZIF			4.4 CITY - S					
THLE		DELETE	5.1 TITLE	7.4.			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CHTY - ST - ZIP			5.4 CITY - S	1-ZIP	· **			
TI*LE		DELETE	6.1 TOTLE		* # * *		Change	Addition
NAME			6.2 NAME					
STREET ADDRESS		1	6.3 STREET	ADORESS	***			
CITY - S1 - ZIP			6.4 CITY - S					
14. I do herel	by certify that the information supply in indicated on this annual report of	of with this filing does not qual supplemental angual report is	lify for the exe	mption state	ed in Section 119.07(3)(i), Florida State my signature shall have the same t	iutes. I furthe eoal effect e	r certify that !	the deroath: that
I am an o appears i	ficer or director of the corperator, in Block 12 or Block 12 if changed.	or the eceiver or trustee empo	wered to executoress.	cute this repo	at my signature shall have the same to ort as required by Chapter 607, Florid	ia Statutes; a	ind that my n	name

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR