SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 96 DEC -2 PH 3: 04 **DOCUMENT #** P95000054335 (1) SECRETARY OF STATE JALLAHASSEE, FLORIDA AMERICAN RESPIRATORY CORP. Principal Place of Business Mailing Address 420 LINCOLN ROAD STE 600 420 LINCOLN ROAD STE 600 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3a. Date of Last Report 07/10/1995 Principal Place of Business Mailing Address Applied For 2a. 65-0595168 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes 🔲 No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NEUSTEIN, CHARLES L ESQ. 420 LINCOLN ROAD STE 600 Street Address (P.O. Box Number is Not Acceptable) 500002022735-MIAMI BEACH FL 33139 83 -12/06/96--01096--016 杨柳绿花园 ****375.UU City 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 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 providing obligations of Section 607:0505. Slorida Statutes. SIGNATURE Signature, typed or prin (NOTE: Registered Agent signature required when reinstating) (36/E)12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE **NEUSTEIN, CHARLES L** NAME 1.2 NAME **420 LINCOLN ROAD STE 600** STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ___ Change ___ Addition DELETE TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 52 KAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE **6.1 TITLE** 62 NAME STREET ADDRESS 6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily lurnished and does not qualify for the exemption stated in Socilion 19.07(3)(k), Floida 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 offect as if made under oath; that I am an officer or directly of the corporation or the repower or trustee empowered to execute this report as required by Chapter 617, Floida Statutes; and that my name appears in Block 12 or Block and changed, or an attachment with an address.

CP

SIGNATURE: