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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061109 (1)

CHAVIANO-CAMEJO MEDICAL EQUIPMENT, CORP.

Principal Place of Business

Mailing Address

the and

7105 SW 8th Street #304

	ritami, ri.	33144							08/08/1995	05/0)1/1 9 9	16 16	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 65-0606052			T	Applied For	
1				26								Not Applicable	,
Suite, Apt. #, etc				Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Regulred			
3	City & State			Cily & State				6.				00 May Be ded to Fees	
4	Zip	Country 25	29	Zip	30 Cd	ountry		8.	This corporation has liability for i	ntangible] Yes [_	er s. 199.032,	
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
CHAVIANO-CAMEJO, GEORGETTE 8030 NWL8th: St. #201 Miami Fl 33126						81	Name						
						82	Street Address (P.O. Box Number is Not Acceptable)						

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.

83

City

SIGNATURE Signature, typed or primed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) (96/6) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 TITLE CHAVIANO-CAMEJO, GEORGETTE 1.2 NAME 8030 NW. 8 th ST. #201 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33126** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE TITLE 02/27/97--****165.00 2.2 NAME NAME ****165.00 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 44 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 bustee dimpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Direct 13 if changed, or on application of the corporation of the c

6.4 CITY - ST-ZIP

SIGNATURE

GU LANX MEDOROE TO OHAVIANO - CAMEJO
ORE AND TYPED OR PRINTEGNAME OF SIGNING OFFICER OR DIRECTOR

02/26/97

FILED

97 FEB 27 PH 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(305) 267-2397

85 Zip Code