



FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000064774 1. Corporation Name APR MEDICAL EQUIPMENTS, INC.					
Principal Place of Business			Mailing Address		
DO NOT WRITE IN THIS SPACE.					
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified Aug. 21, 1996
21 8600 N.W. S. RIVER Dr.			26 8600 N.W. S. RIVER Dr.		3a. Date of Last Report 08/21/95
Suite, Apt. #, etc. 22 SUITE 224			Suite, Apt. #, etc. 27 SUITE 224		4. FEI Number 65-0606496
City & State 23 MEDLEY, FL.			City & State 28 MEDLEY		Applied For Not Applicable
Zip 24 33166			Country 25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
			Zip 29 33166		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
			Country 30 USA		8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ERNESTO PASTRANA 2560 W. 56 ST. #401 HIALEAH, FL. 33016			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P/S				
NAME	Ernesto Pastrana				
STREET ADDRESS	2560 W. 56 ST. #401				
CITY - ST - ZIP	HIALEAH, FL. 33016				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
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TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1 2 NAME					
1 3 STREET ADDRESS					
1 4 CITY - ST - ZIP					
2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2 2 NAME					
2 3 STREET ADDRESS					
2 4 CITY - ST - ZIP					
3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3 2 NAME					
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5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5 2 NAME					
5 3 STREET ADDRESS					
5 4 CITY - ST - ZIP					
6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6 2 NAME					
6 3 STREET ADDRESS					
6 4 CITY - ST - ZIP					
700001925287 -08/19/96--01013--042 ***225.00					
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: 		Ernesto Pastrana 08/04/96 (305)885-0555			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		08/04/96		85 8/19/96	