

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069315 (6)

1. Corporation Name

REAL MEDICAL EQUIPMENT SERVICES, INC.

Principal Place of Business

Mailing Address

5440 WEST 21 COURT
SUITE 301
HIALEAH FL 33016

5440 WEST 21 COURT
SUITE 301
HIALEAH FL 33016



2. Principal Place of Business	2a. Mailing Address
21 585 E 49th St	26 585 E 49th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #8	27 #8
City & State	City & State
23 Hialeah, FL	28 Hialeah, FL
Zip	Zip
24 33013	29 33013
Country	Country
25 U.S.	30 U.S.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/08/1995	
4. FEI Number	Applied For
65-0606135	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

ROBAINA, NIOVIS
5440 WEST 21 COURT
SUITE 301
HIALEAH FL 33016

10. Name and Address of New Registered Agent

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 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.

SIGNATURE *Niovis Robaina* *Niovis Robaina* 6/20/96
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROBAINA, NIOVIS	1.2 NAME	
STREET ADDRESS	5440 WEST 21 COURT STE 301	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33016	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROBAINA, NURSIA	2.2 NAME	
STREET ADDRESS	5440 WEST 21 COURT STE 301	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33016	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200001897182
STREET ADDRESS		5.3 STREET ADDRESS	-07/17/96--01090--046
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***225.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Niovis Robaina* *Niovis Robaina* 6/20/96 688-1243
Signature and typed or printed name of signing officer or director (DATE) (DATE)

CR2E034 (3/96)