

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000077116**  
 1. Corporation Name  
**Universal Endoscopic Services, Inc.**

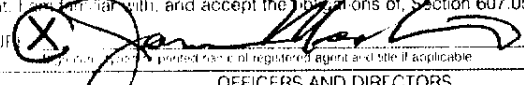
Principal Place of Business <b>13200 SW 128th St Suite F4 Miami, FL 33186</b>	Mailing Address <b>13200 SW 128th St Suite F4 Miami, FL 33186</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified <b>10/9/95</b>	3a. Date of Last Report
4. FEI Number <b>59-3349269</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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
<b><del>6050</del></b>	81 Name <b>James R. Madison</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>6050 SW 127th Ct.</b>
	83
	84 City <b>Miami</b>
	FL 85 Zip Code <b>33183</b>

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CEO</b>	NAME <b>James Madison</b>	1.1 TITLE <b>James R. Madison</b>	1.2 NAME <b>James R. Madison</b>
STREET ADDRESS <b>1021 Pine St.</b>	CITY-STATE-ZIP <b>Orlando, FL 32824</b>	1.3 STREET ADDRESS <b>6050 SW 127th Ct.</b>	1.4 CITY-STATE-ZIP <b>Miami, FL 33183</b>
TITLE <b>VSD</b>	NAME <b>Adolfo Villalon</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>1021 Pine St.</b>	CITY-STATE-ZIP <b>Orlando, FL 32824</b>	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-STATE-ZIP	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP
		<b>500002184675</b> <b>-05/20/97--01033--016</b> <b>***165.00</b>	

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 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  DATE **4/30/97** DAYTIME PHONE # **305-235-6609**

CR2E034 (9/96)