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 DOE TO REINSTATE: \$375.)						
CUT CONTINUE				FILED		
DOCUMENT #				96 OCT 21 PH 5: 43		
First Union Health Equipment Corp.				SECRETARY OF STATE		
				TALLAHASSEE, FLORIDA		
Principal Place	of Business	Mailing Address	الله الله الله الله الله الله الله الله			
	W. 8 Street	5545 S.W. 8				
Suite # Miami,				Date Incorporated or Qualified 3a. Date of Last Report		
·		•		10/11/95 4/10/96 A FEI Number Applied For	\dashv	
2. Principal Pla	ace of Business S.W. 8 Street	2a, Mailing Address 26 5545 S.W.	8 Street_	65-0612924 Not Applica		
Suite, Apt. 6	#, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	ļ	
22 # 207 City & State		27 # 207 City & State		6. Election Campaign Financing \$5.00 May Be		
23 Miami	FL.	28 Miami, FL,	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032		
Zip 24 3313	Country	Zip 29 33134	30 U.S.A	Florida Statutes Yes No	_	
24 33134 25 U.S.A. 29 33134 30 U.S.A. 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name						
ROSALBA	ROSALBA GARCIA					
4740 S.W. 5 Street 2 1500 SW 2				0 SW 20 Street		
Miami, FL. 33134 83						
			84 City Miai	mi. FL 85 Zip Code 33145		
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 rights a solid relations of the state of rights agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOTE	Registered Agent signature r	required when reinstating) DATE DATE DATE DESCRIPTION OF THE PROPERTY OF T		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	dition	
TITLE NAME	V.Pres & Secreta Lazaro Felipe Ga	ry -	1.2 NAME	sendba Kacola]	
STREET ADDRESS	15925 S.W. 102 P		1.3 STREET ADDRESS	The Police 10 Office at 10 of 10 Office at 1		
CITY+ST-ZIP TITLE	Miami, FL. 3315		1.4 CITY-ST-ZIP 2.1 TITLE	Pres, V. Pres, Treas, Sec. X Change X Ad	dition	
NAME	Pres, Treasurer Rosalba Sosa	-	2.2 NAME	Rosalba Garcia		
STREET ADDRESS	4740 S.W. 5 Stree	t		1500 S.W 20 Street		
CITY-ST-ZIP	Miami, FL. 33134	DELETE	31 TITLE		dition	
NAME			3.2 NAME	-10/30/9601045005_	<u> </u>	
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	*****61.25 ******61.2		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	Change Ac	Idition	
NAME			4. 2 NAME 4.3 STREET ADDRESS		Į	
STREET ADDRESS			4.4 CITY-ST-ZIP		dition	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	Change A	ddition	
NAME			5 2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			54 CITY-ST-ZIP	Change	ddition	
TITLE		DELETE	6 1 TITLE 6.2 NAME	i cuange [] A		
NAME STREET ADDRESS			6.3 STREET ADDRESS	15 10-22-96		
CITY-ST-7IP			6.4 City-ST-ZIP	The stand in Conting 119 07(3)(k). Florida Statutes		
further o	certify that the information indicated on	tris arriagroport or or the rec	eiver or trustee empo	I qualify for the exemption stated in Section 1997 (Section 1997), in the same legal effect true and accurate and that my signature shall have the same legal effect wered to execute this report as required by Chapter 617, Florida Statutes	as if , and	
further certify that the information indicated on this annual report or supplémental annual report is true and accurate and that my signature sharf have the same of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and 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: 10-15-96 (306)269-8505						
5,5,1	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	ON MINECION			