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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000078683 (6)

1. Corporation Name  
KARIBE MEDICAL EQUIPMENT CORP.



Principal Place of Business  
1840 WEST 49TH STREET STE 719  
HIALEAH FL 33012

Mailing Address  
1840 WEST 49TH STREET STE 719  
HIALEAH FL 33012-2944

3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last Report 05/28/1996
4. FEI Number 65-0620306	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1840 West 49th St. Suite, Apt. # etc. 719	2a. Mailing Address 26 1840 West 49th St. Suite, Apt. # etc. 719
22 City & State 23 Hialeah, Fla	27 City & State 28 Hialeah, Fla
24 Zip 33012 Country DADE	29 Zip 33012 Country DADE

9. Name and Address of Current Registered Agent  
VILLALONGA, GUADALUPE O  
1840 WEST 49TH STREET STE 719  
HIALEAH FL 33012

10. Name and Address of New Registered Agent  
81 Name Lilian R Carballo  
82 Street Address (P.O. Box Number is Not Acceptable) 1840 West 49th Street Ste 719  
83  
84 City Hialeah FL 85 Zip Code 33012

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 *Lilian R Carballo*  
Signature of the person named in the signature block (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PS VILLALONGA, GUADALUPE O	<input checked="" type="checkbox"/>
NAME	VILLALONGA, GUADALUPE O	
STREET ADDRESS	1840 WEST 49TH STREET STE 719	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VPT CARBALLO, LILIAN R	<input type="checkbox"/>
NAME	CARBALLO, LILIAN R	
STREET ADDRESS	1840 WEST 49TH STREET STE 719	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PS Carballo Lilian R	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	CARBALLO LILIAN R		
1.3 STREET ADDRESS	1840 West 49th St Ste 719		
1.4 CITY-ST-ZIP	Hialeah, FLA 33012		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Lilian R Carballo* DATE: *4/23/97* (200) 228-2333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #

CR2E034 (9/96)