

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAY 23 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99500609556

1. Corporation Name

T.M.T. MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

4804 S.W. 138 AVE.
MIAMI, FL. 33175

300001887143
-05/23/96- 01045-026
***225.00 ***225.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/17/95			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0613648		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution			
24		29		8. This corporation has liability for intangible tax under s. 199.032.			
Country		Country		Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMAS T. DEL VALLE
4804 SW 138 AVE
MIAMI, FL. 33175

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TOMAS T. DEL VALLE	12 NAME	
STREET ADDRESS	4804 SW 138 AVE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33175	14 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURA DEL SOL	22 NAME	
STREET ADDRESS	4804 S.W. 138 AVE	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL. 33175	24 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MAURA DEL SOL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96 (305) 387-8214
Date Daytime Phone #