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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000081231 (9)

DOCUMENT #

1. Corporation Name

MARQUIS MEDICAL OF MIAMI CORP.

Principal Place of Business	Mailing Address
4794 NW 192ND STREET MIAMI FL 33055	4784 NW 192ND STREET MIAMI FL 33055



					3. Date to concerted or Qualified 10/19/1995	3a. Date o	t Last I	· · · · · · · · · · · · · · · · · · ·
		2a. Mailing Address			4. FEI Number 06316	48		Applied For Not Applicable
			Suite, Apt. #, etc.				\$8.75 Additional	
Suite, Apt. #, etc.		h	Soile, Apit. #, etc.		5. Certificate of Status Desired	cate of Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution				
 7ір	Country 7:p1		Country 30		This corporation has liability for Florida Statutes	intangible tax s □No	under	s 199.032,
	9. Name and Address of Currer	11	1001		10. Name and Address of New I	Registered A	gent	
	<u>s.</u>		81	Name				
MEDINA, LIZETTE 4794 NW 192ND STREET			82	2 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI F	FL 33055		83					
			84	City		FL	85	Zip Code
					oration submits this statement for the pu ard of directors. I hereby accept the app	renoce of char	vina it	s registered of
NATURE	signature typed or printed name of registered agon	213 100 1011		nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIREC'	TORS IN 12
	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF) Chano	
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07 (s)(k), indicastaties, filling exhibit have the same legal effect as if made under 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 it change, or on an other execution and director of the corporation of the control of the corporation of the cor

SIGNATURE:

2 ...

(305) 829.57,