PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham y of State	Apr 18 1 Secreta	997 8:0 ry of St	
OCUMENT # PS Corporation Name ONYX MEDICAL EQUIPME	960000273 Ent, Inc.	43 (8)				
icipal Place of Business 5 SW 8TH STREET #304 NI FL 33144	7105 SW	Address / 8TH STREET #30 L 33144-4664	4			
				 Date Incorporated or Qualified 03/28/1996 	3a. Date of Last R	eport
Principal Place of Business		ing Address		4. FEI Number 65-0656399	·	plied For
Suite, Apt. #, etc		ə, Apt. #, etc.		 Certificate of Status Desired 	\$8.75	Additional
City & State	27 27 City	& State		6. Election Campaign Financing	Fee Re \$5.00	
Zipi Couritri	28 y Zip		Country	Trust Fund Contribution 8. This corporation has liability for	Added (o Fees
25	29 ass of Current Registered	and the second s	30			
MONTESINOS, ROBERTO		- Afour	81 Name	IV. Name and Address of the fi		
4591 NW 9TH STREET # MIAMI FL 33126	28		82 Street Add	iress (P.O. Box Number is Not Accepta	ible)	
MIAMI EL 33120			83			
Pursuant to the provisions of Sect office or registered agent, or both accent Lem familiar with acc	tions 607.0502 and 607.15 , in the State of Florida Su	08, Florida Statute Joh change was ai	84 City is, the above-named cor uthorized by the corpora rida Statutes	poration submits this statement for the ation's board of directors. I hereby acce	FL (Code s registere registered
NATURE Start inel typest or printed name O	tions 607.0502 and 607.15 n, in the State of Florida Su cept the obligations of, Sec of regeletics agent and title if apple OFFICERS AND DIRECTOR:	cable. (NOTE S	is, the above-named con uthorized by the corpora rida Statutes. Registered Agent signature requ 13.	rporation submits this statement for the ation's board of directors. I hereby acce Jired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	s registere registered
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