

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

013502

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039971

1. Corporation Name
R.I.S. MEDICAL EQUIPMENT, INC.



Principal Place of Business 15476 NW 77 CT., STE. 309 MIAMI LAKES FL 33016	Mailing Address 15476 NW 77 CT., STE. 309 MIAMI LAKES FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 05/09/1996	Applied For
4. FEI Number 65-0666026	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GONZALEZ, JUAN F
3191 CORAL WAY, STE. 1010
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, JUAN F	12 NAME	
STREET ADDRESS	15476 NW 77 CT., STE. 309	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	WONG, MAGGIE L	22 NAME	
STREET ADDRESS	15476 NW 77 CT., STE. 309	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, IVONNE	32 NAME	
STREET ADDRESS	15476 NW 77 CT., STE. 309	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, ROBERT	42 NAME	
STREET ADDRESS	15476 NW 77 CT., STE. 309	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, SUSANNE	52 NAME	
STREET ADDRESS	15476 NW 77 CT., STE. 309	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33016	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 *****150.00 *****150.00

Wong 5/1/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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, with all other like empowered.

SIGNATURE: *Maggie Wong* 4/9/99 305-827-2395
 SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (11/98)