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Apr 23 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 # P96000059013 (8)

1. Corporation Name
J AND H MEDICAL EQUIPMENT MAINTENANCE AND REPAIR INC.



Principal Place of Business: 9726 NORTH WEST 127TH TERRACE HIALEAH GARDENS FL 33016
Mailing Address: 9726 NORTH WEST 127TH TERRACE HIALEAH GARDENS FL 33018-7405

3. Date Incorporated or Qualified: 07/12/1996
3a. Date of Last Report

2. Principal Place of Business: 21 2730 W 62ND PL, 22 104, 23 HIALEAH FL, 24 33016
2a. Mailing Address: 26 SAMRA, 27, 28, 29 DADE COUNTY, 30

4. FEI Number: 65-0678780
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: RODRIGUEZ, PABLO, 310 1/2 S. BUMBY, ORLANDO FL 32803

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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: [Signature] DATE: 5/5/97

Table with 6 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Change and Addition.

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: [Signature] DATE: 5/5/97

CR2E034 (9/96)