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DOCUMENT # P9900034085  ELIMAR MEDICAL SUPPLIES, INC.					VISION OF CORPORATION		
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incipal Place		Mailing Address					•
5 N.W. 36 ST MI FL 33166	STE. 315	6595 N.W. 36 ST., STE. 3 Miami Fl 33166	15				
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Principal Pla	ace of Business	3. Mailing Address					
Suite, Apt. #. etc. Suite, Ap		Suite, Apt. #, etc.	e. Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. 1	FEI Number 65-0912168	) <del>  -  </del>	Applied For Not Applicable
Zip Country		Zìp	Zip Country		Certificate of Status Desired	\$8.75 A	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DODDICHEZ MECTOD			Nam	Name			
RODRIGUEZ, NESTOR 6595 N.W. 36 ST., STE. 315 MIAMI FL 33166			Street Address		s (P.O. Box Number is Not Acceptable)		
			City			<b>□1</b> Zin Ci	nde
				City FL Zip Code			
IGNATURE _	named entity submits this statement for		its registered offic			orida.	
SIGNATURE 9. This corpo Tax filing r		FILE NOV	OTE. Registered Agent s N!!! FEE IS \$1 2001 Fee will be	90 00 9 5550.00		DATE sancing \$5	6.00 May Be
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PROFESSIONAL BUSINESS ACCOUNTING, INC. 312-A S. W. 12<sup>TH</sup> AVENUE, MIAMI, FLORIDA 33130 305-642-3679 305-642-3992/FAX EMAIL: vamean@aol.com

September 14, 2001

Division of Corporations Secretary of State P. O. Box 6327 Tallahassee, Florida 32314 ATTN: Sean Toner

Dear Mr. Toner:

As per our telephone conversation I am enclosing the annual reports that we recently found sent to a client of ours by mistake.

Attached are the checks and the documents. Should there be any problems with the actual reports please contact me as soon as possible. If any of the checks are returned not paid by the bank then you need to contact the actual client to make the checks valid.

Please do your best possible to have all these checks deposited as soon as possible.

Thank you for your assistance and attention.

Sincerely,

Lawrence G. Herrero, President
Professional Business Accounting, Inc.