

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S08153 (6)

1. Corporation Name

GONZO HEALTHCARE CORP.



Principal Place of Business

Mailing Address

3070 WEST 12TH AVENUE
HIALEAH FL 33012
US

3070 WEST 12TH AVENUE
HIALEAH FL 33012
US

2. Principal Place of Business

2a. Mailing Address

21 10152 Costa del Sol Blvd

26 10152 Costa del Sol Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI FLA

27 MIAMI FLA

City & State

City & State

23 33178 Dade

28 33178 Dade

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, EDUARDO E
3070 WEST 12TH AVENUE
HIALEAH FL 33012

81 Name

GONZALEZ, EDUARDO E

82 Street Address (P.O. Box Number is Not Acceptable)

10152 Costa del Sol Blvd

83

Miami FLA 33178

84 City

FL

85 Zip Code

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 typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when resigning)

June 11 1996

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, EDUARDO E
STREET ADDRESS 3070 WEST 12TH AVENUE
CITY-ST-ZIP HIALEAH FL 33012

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME GONZALEZ, EDUARDO E
13 STREET ADDRESS 10152 Costa del Sol Blvd
14 CITY-ST-ZIP MIAMI FLA 33178

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 11 1996 305 4776974

CR2E034 (3/96)