

AMENDMENT

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 AUG 26 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *S50662*
1. Corporation Name
STAT MEDICAL EQUIPMENT SERVICE, INC

Principal Place of Business Mailing Address
929 S.W. 122ND AVE. MIAMI, FLORIDA 33184-2406
929 S.W. 122ND AVE. MIAMI, FL. 33184-2406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 929 S.W. 122ND AVE Suite, Apt. #, etc.		2a. Mailing Address 26 929 S.W. 122ND AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/08/1991	
22		27		4. FEI Number 65-0259386	
23 MIAMI, FLORIDA.		28 MIAMI, FLORIDA.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33184-2406		25 U.S.A.		29 33184-2406	
		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MORALES G. DAVID 255 N.W. 128TH AVE. MIAMI, FL. 33182-1123				10. Name and Address of New Registered Agent	

61 Name	
62 Street Address (P.O. Box Number is Not Acceptable)	
63	
64 City	FL
	65 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 *X*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.S. MORALES G. DAVID.	12 NAME	400002628064--0
STREET ADDRESS	255 N.W. 128TH AVE.	13 STREET ADDRESS	-08/28/98--01090--001
CITY-ST-ZIP	MIAMI, FL. 33182-1123	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR V.P. GINO LOMA	22 NAME	
STREET ADDRESS	929 S.W. 122ND AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33184	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	DIRECTOR V.P. CHRISTOS ZAHARAS JR.
STREET ADDRESS		33 STREET ADDRESS	2451 BRICKELL AVE. #9-F.
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL. 33129
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

14. I 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, 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]* **08-25-98 (305) 227-9562.**

CR2E034 (1097)

[Handwritten initials]
8/20/98