

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S97059

(7)

1. Corporation Name

ATLANTIC MEDICAL D.M.E., INC.



Principal Place of Business

**2450 SW 137TH AVENUE
201
MIAMI FL 33175
US**

Mailing Address

**13300 N.W. 8 STREET
MIAMI FL 33182**

3. Date Incorporated or Qualified
11/26/1991

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CUETARA, LUIS F.
13300 N.W. 8 STREET
MIAMI FL 33182**

4. FEI Number
65-0295904

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

Cuetara, Luis E.

82

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

13300 NW 8th. Street

83

84 City

Miami

FL

85

Zip Code
33182

11. Pursuant to the provisions of Sections 607.0607 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 provisions of Section 607.0607, Florida Statutes.

SIGNATURE

[Signature]

Print Name (Agent or Director) **6-14-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	CUETARA, LUIS E.	13300 N.W. 8 ST.	MIAMI FL	<input type="checkbox"/>
V	CUETARA, NERY	13300 NW 8TH STREET	MIAMI FL	<input type="checkbox"/>
D	NIETO, JOSE M	8810 BEVERLYWOOD STR	LOS ANGELES CA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 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 registered employee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block #2 or Block #3 if changed, and an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96

(305) 229-1254

CR2E034 (12/95)