

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V10061 (2)

1. Corporation Name

RESPIRATORY MEDICAL EQUIPMENT CORP.



Principal Place of Business

Mailing Address

20237 NE 16TH PLACE
MIAMI FL 33179

20237 NE 16TH PLACE
MIAMI FL 33179

3. Date Incorporated or Qualified 01/24/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0314357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 10260 S.W. 56 ST Suite, Apt. #, etc.	26. 1800 S.W. 1ST Suite, Apt. #, etc.
22. SUITE B City & State	27. SUITE 312 City & State
23. MIAMI, FL Zip	28. MIAMI, FL Zip
24. 33165	29. 33135
25. DADE	30. DADE

9. Name and Address of Current Registered Agent

FRIEDEBERG, AARON MICHAEL
20237 NE 16TH PLACE
MIAMI FL 33179

10. Name and Address of New Registered Agent

81. Name	SALVADOR LAMAS
82. Street Address (P.O. Box Number is Not Acceptable)	10260 S.W. 56 ST
83. SUITE B	
84. City	MIAMI
85. FL	Zip Code
	33165

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, Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RVS	1.1 TITLE	PVST
NAME	FRIEDEBERG, AARON M	1.2 NAME	LAMAS, SALVADOR
STREET ADDRESS	20237 NE 16TH PLACE	1.3 STREET ADDRESS	10260 S.W. 56 ST SUITE B
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE	STD	2.1 TITLE	
NAME	FRIEDEBERG, AARON M	2.2 NAME	
STREET ADDRESS	20237 NE 16TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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; 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 attached with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)