FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V66307** **(2)**

1. Corporation Name
LIFE RESPIRATORY EQUIPMENT, INC.

Principal Place of Business
826 W 40TH DR
HIALEAH FL 33012
US

Mailing Address
P.O. BOX 2022
HIALEAH FL 33012
US

3. Date Incorporated or Qualified: **09/24/1992**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **65-0358377** — 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 paid, or elements have been made to Florida Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CAHVEZ, LUZ N
826 W 40TH DR
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, F.S., the above named corporation submits the 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

	~~DP~~
NAME	~~MARINO, CARL~~
STREET ADDRESS	~~2695 BISCAYNE BLVD #457~~
CITY, ST, ZIP	~~MIAMI FL~~
TITLE	~~VP~~
NAME	CHAVEL, LUZ N
STREET ADDRESS	826 W 40TH DR
CITY, ST, ZIP	HIALEAH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[X] Change [ ] Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Change [X] Addition
PRESIDENT
CHAVEZ, LUZ N
826 W 40TH DR
HIALEAH FL 33012

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I 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)(i), Florida Statutes. Further I certify that the information indicated on the 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or an attachment with an address.

SIGNATURE: [signature] 1/28/95 (305-819-2900)
SIGNATURE AND/OR PRINTED NAME OF MORE OFFICER OR DIRECTOR
LUZ N. CHAVEZ

0000019 CP