

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V72471** (8)

1. Corporation Name
PREMIER MEDICAL EQUIPMENT INC.



Principal Place of Business: 4143 SW 74 CT, C, MIAMI FL 33155 US
Mailing Address: 4143 SW 74 CT, C, MIAMI FL 33155 US

3. Date Incorporated or Qualified: 10/20/1992
3a. Date of Last Report: 01/18/1995

2. Principal Place of Business (21-24):
21. Subj. Apt. #, etc.
22. City & State
23. Zip, Country
24. Zip, Country

4. FEI Number: 65-0363622
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

9. Name and Address of Current Registered Agent
**MARTINEZ, ISABEL
7561 S.W. 109TH PLACE
MIAMI FL 33173**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City, FL, B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

1. NAME: PD MARTINEZ, ISABEL	<input type="checkbox"/> DELETE
2. STREET ADDRESS: 7561 S.W. 109TH PLACE	
3. CITY, ST, ZIP: MIAMI FL	
4. TITLE:	<input type="checkbox"/> DELETE
5. NAME:	
6. STREET ADDRESS:	
7. CITY, ST, ZIP:	
8. TITLE:	<input type="checkbox"/> DELETE
9. NAME:	
10. STREET ADDRESS:	
11. CITY, ST, ZIP:	
12. TITLE:	<input type="checkbox"/> DELETE
13. NAME:	
14. STREET ADDRESS:	
15. CITY, ST, ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME	
3. 3 STREET ADDRESS	
4. 4 CITY-ST-ZIP	
5. 5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6 NAME	
7. 7 STREET ADDRESS	
8. 8 CITY-ST-ZIP	
9. 9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10 NAME	
11. 11 STREET ADDRESS	
12. 12 CITY-ST-ZIP	
13. 13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14 NAME	
15. 15 STREET ADDRESS	
16. 16 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Isabel Martinez* 2/6/96 305/265-4304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (12/95)