

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 30 1996 8:00 am
Secretary of State

DOCUMENT # M99839 (6)
1. Corporation Name

JAIRO'S MEDICAL EQUIPMENT, INC.

Principal Place of Business Mailing Address
5450 SW, 8st SAME
Suite #101
CORAL GABLES, FL. 33134

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

3. Date Incorporated or Qualified	3a. Date of Last Report
09/19/1988	1995
4. FLI Number	Applied For
65-007 2142	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FERNANDEZ, ORLANDO
5450 SW, 8st
SUITE #101
CORAL GABLES, FL. 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE _____
Signature typed or printed name of registered agent for this filing only. Date of filing is the date of registration and filing of this report.

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ORLANDO	
STREET ADDRESS	5450 SW, 8st Suite 101	
CITY-ST-ZIP	CORAL GABLES FL. 33134	<input type="checkbox"/> DELETE
TITLE	S/T (DELETE)	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, EMILSA	
STREET ADDRESS	5450 SW, 8st Suite 101	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	FERNANDEZ, ORLANDO Jr.	
13 STREET ADDRESS	5450 SW, 8 St SUITE 101	
14 CITY-ST-ZIP	CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	700001845627	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-05/31/96--01030--002	
53 STREET ADDRESS	***225.00	
54 CITY-ST-ZIP		
61 TITLE	700001845627	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-05/31/96--01030--002	
63 STREET ADDRESS	***225.00	
64 CITY-ST-ZIP		

5/30/96

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: ORLANDO FERNANDEZ Sr. *[Signature]* 05-24-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Filed

CR2E034 (12/95)