FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0274892

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 15 PM 12:59

DOCUMENT # P95000032462

1. Corporation Name
YAMIRA MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
939 S.W. 87 AVENUE STE. B MIAMI FL 33174	939 S.W. 87 AVENUE STE. B MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5760 W. FLAGLER ST
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL
Zip 24 33144 Country 25 U.S.A.

2a. Mailing Address
26 5760 W. FLAGLER ST.
Suite, Apt. #, etc
27
City & State
28 MIAMI, FL
Zip 29 33144 Country 30 U.S.A.

3. Date Incorporated or Qualified
04/21/1995

4. FEI Number
65-0575678
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired X
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ]
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

GARCIA, MARIA ELENA
939 S.W. 87TH AVE.
SUITE B
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name LICI R. BRAVO
82 Street Address (P.O. Box Number is Not Acceptable)
21 SW 134 CT
83
84 City MIAM FL 85 Zip Code 33184

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 X _____ DATE
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when changing agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	X DELETE	11 TITLE	[ ] Change X Addition
NAME	GARCIA, MARIA ELENA		12 NAME	President
STREET ADDRESS	939 S.W. 87 AVENUE, STE. B		13 STREET ADDRESS	LICI R. BRAVO
CITY-ST-ZIP	MIAMI FL 33174		14 CITY-ST-ZIP	5760 W. FLAGLER ST.
TITLE	VP	X DELETE	21 TITLE	MIAMI, FL 33144
NAME	FERNANDEZ, RAUL		22 NAME	[ ] Change [ ] Addition
STREET ADDRESS	939 S.W. 87TH AVE., SUITE B		23 STREET ADDRESS	900000284879--4
CITY-ST-ZIP	MIAMI FL 33174		24 CITY-ST-ZIP	-04/20/99--01044--020
TITLE		[ ] DELETE	31 TITLE	****158.75 ****158.75
NAME			32 NAME	[ ] Change [ ] Addition
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE X _____ 4-14-99 (305) 266-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)