

F95000002523
TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

600001486956
-05/15/95--01010--002
*****50.00 *****50.00

SUBJECT: SERVICE MEDICAL EQUIPMENT, INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

700001498607
-05/24/95--01088--010
*****20.00 *****20.00

ARMANDO BALLART, JR.
(Name of Person)

(Firm/Company)

3760 West 6 Lane
(Address)

Hialeah, Florida 33012
(City, State and Zip Code)

W95-10249

Should you need to call someone concerning this matter, please call:

ARMANDO BALLART, JR. at (305) 556-5405
(Name of Person) Area Code & Daytime Telephone Number

95 5/24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 AM 9:16

COURIER ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN THE STATE OF FLORIDA**

IN COMPLIANCE WITH SECTION 607.150, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. SERVICE MEDICAL EQUIPMENT, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. COMMONWEALTH OF PUERTO RICO 3. 66-0518040
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 1, 1995 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. CARRETERA #152, KM 1.9 QUEBRADILLA, SECTOR CONDADO
BARRANQUITA, PUERTO RICO 00794
(Current mailing address)
8. MEDICAL EQUIPMENT SUPPLIERS & SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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DIVISION OF CORPORATIONS
95 MAY 24 AM 9:

9. Name and street address of Florida registered agent:

Name: ARMANDO BALLART, JR.

Office Address: 3760 West 6 Lane

Hialeah, Florida, 33012
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Armando Ballart
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ARMANDO BALLART, JR.

Address: 3760 West 6 Lane

Hialeah, Florida 33012

Vice President: _____

Address: _____

Secretary: NORMA BALLART

Address: 3760 West 6 Lane

Hialeah, Florida 33012

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Armando Ballart
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ARMANDO BALLART, JR., PRESIDENT
(Typed or printed name and capacity of person signing application)



COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF STATE
SAN JUAN, PUERTO RICO 00904

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I, **MARIANA ELIAS-YAMIL**, Director Corporation and Trademarks Register of the Department of State of the Commonwealth of Puerto Rico,

CERTIFY: That "**SERVICE MEDICAL EQUIPMENT, INC.**", file 89,028, is a corporation organized under the laws of Puerto Rico on March 1st., 1995 at 8:21 A. M.

IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issue this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, this 26th of April, A.D., nineteen ninety fifth.

Mariana Elias-Yamil, Esq.
Director
Corporation and Trademarks
Register

\$1.00