

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthart  
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 Suite #101 CORAL GABLES, FL. 33134** **SAME**

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	29 Zip	24 Country	30 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	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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**

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

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 of this statement is not the same as the date of registration.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D	1.2 NAME	S/T
STREET ADDRESS	FERNANDEZ, ORLANDO	1.3 STREET ADDRESS	FERNANDEZ, ORLANDO Jr.
CITY-ST-ZIP	5450 SW, 8st Suite 101	1.4 CITY-ST-ZIP	5450 SW, 8 St SUITE 101
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORAL GABLES FL. 33134	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S/T (DELETE) <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, EMILSA	3.2 NAME	
STREET ADDRESS	5450 SW, 8st Suite 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700001845627
STREET ADDRESS		5.3 STREET ADDRESS	-05/31/96--01030--002
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***225.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	700001845627
NAME		6.2 NAME	-05/31/96--01030--002
STREET ADDRESS		6.3 STREET ADDRESS	***225.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

700001845627  
-05/31/96--01030--002  
\*\*\*225.00

700001845627  
-05/31/96--01030--002  
\*\*\*225.00

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)