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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000062945 (9)**

1. Corporation Name
G & G MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
4471 N.W. 36 STREET SUITE 249 MIAMI SPRINGS FL 33166	4471 N.W. 36 STREET SUITE 249 MIAMI SPRINGS FL 33166-7259

3. Date Incorporated or Qualified: 09/09/1993
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 -4491 nw 36 st
22 Suite, Apt. #, etc.: C
23 City & State: Miami Springs, FL
24 Zip: 33166
25 Country: U.S.A

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0453125 ☐ 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

ESTEVEZ, JUANILDEK
4471 N.W. 36TH ST.
SUITE 249
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name: AIDA E. LEBRON CRUZ
82 Street Address (P.O. Box Number is Not Acceptable): 4491 NW 36 St Suite C
83
84 City: Miami Springs FL 85 Zip Code: 33166

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: Aida E. Lebron Aida I. Lebron 01/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	☒ Change ☒ Addition
NAME	ESTEVEZ, JUANILDEK		1.2 NAME	AIDA E. LEBRON CRUZ	
STREET ADDRESS	4471 N.W. 36TH STREET., SUITE 249		1.3 STREET ADDRESS	4491 NW 36 St Suite C	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CITY-ST-ZIP	Miami Spring, FL 33166	
TITLE		☐ DELETE	2.1 TITLE	Vice-President & Secretary	☐ Change ☒ Addition
NAME			2.2 NAME	Nelly Yadira Flores Lebron	
STREET ADDRESS			2.3 STREET ADDRESS	4491 NW 36 St Suite C	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Aida E. Lebron Aida I. Lebron (787) 781-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #