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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

14. I do hereby certify that the information supplied with his filing does information indicated on this annual report of supplientental annual I am an officer or director of the corporation recording the appears in Block 12 or Block 13 if charges, of or an attact prints.



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400091476 (9)

ABC&D MEDICAL EQUIPMENT INC.

Principal Place of Business	Mailing Address
1833 WEST 68TH STREET	1933 WEST 68TH STREET
HIALEAH FL 33014	HIALEAH FL 33014-4403

FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address											
1933 WEST 68TH STREET 1933 WEST 68TH STHALEAH FL 33014											
						3. Date Incorporated or Qualific 12/16/1994		of Last R	eporl		
2. Principal P	Principal Place of Business 28. Mailing Address			4- FEi Number				Ar	plied For		
21 26						65-0536400			ot Applicable		
Suite, Apt. #, etc. Suite, Apt. # 22 27						5. Certificate of Status Desired		\$8.75 / Fee Re			
City & Stat	ė	<u>⊢</u> ¬ ′	City & State			6. Election Campaign Financing	·	\$5.00			
23	Country	28]				Trust Fund Contribution	<u>LJ</u>	·	to Fees		
Zip 24	Country 25	Zip 29	30	Country	,	8. This corporation has liability: Florida Statutes	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
<u> </u>	9. Name and Address of Curri		1301			10. Name and Address of New					
GAF	RCIA, ALEXANDER			B1	Name						
	6 WEST 23RD COURT			-		(6.0.6)			!		
#2	5 (120) 20, (5 000) (1			82	Street	Address (P.O. Box Number is Not Accep	otable)		}		
	LEAH FL 33016			83	1		·				
				84				85 7:a	Code		
				64	City		FL	. 85 Zip (Code		
11, Pursuant	to the provisions of Sections 607.09	02 and 607.1508, Flor	ida Statutes, the	abov	e-named	corporation submits this statement for the poration's board of directors. I hereby ac	ne purpose of c	hanging it	s registered		
agent I a	m familiar with, and accept the obli	gations of, Section 607	.0505, Florida S	Statute	y me con S.	oration's board of directors, Thereby ac	cept the appoi	ument as	registered		
SIGNATURE											
40	Signature, typed or printed name of registered a				ent signature	required when reinstating)	DATE	UDEOTOR			
12.	OF HUERS A	ND DIRECTORS		3.		ADDITIONS/CHANGES TO OF		Change	S IN 12 Addition		
NAME	RODRIGUEZ, JOSE A	السال		1 TITLE 2 NAME			L	_ crange	L_J Addition		
STREET ADDRESS	6417 EAST 4TH AVE.				I ADDRESS						
CITY-ST-ZIP	HIALEAH FL 33013			4 CHY-5					İ		
TITLE	8			1 11111	31-211			Change	Addition		
NAME	GARCIA, ALEXANDER		2	2 NAME				- •			
STREET ADDRESS	5348 WEST 23RD COURT, #	2	2.	3 STREE	ADDRESS						
CITY-ST-ZIP	HIALEAH FL 33016		2.	4 CITY-	\$1-2IP				{		
TITLE				1 TITLE				Change	Addition		
NAME			3.	2 NAMÉ					ĺ		
STREET ADDRESS			3.	3 STREET	ADDRESS						
CITY-ST-ZIP				4. CITY-	ST-7iP						
TITLE				1 TITLE			L	_ Change	Addition		
NAME			J.	2 NAM					ļ		
STREET ADDRESS					I ADDRESS				Ì		
CITY-ST-ZIP TITLE				4 CITY - S 1 TITLE	ST - ZIP		-	Change	Addition		
NAME		ا ل	1	2 NAME	ļ		Ĺ	T ruguids	Addition)		
STREET ADDRESS					T ADDRESS				ļ		
CITY-ST-ZIP			j	a Sinci 4 CITY - S							
TITLE				4 CHT-S 1 TITLE	21 - ZII			Change	Addition		
NAMÉ				2 NAME			ι	go			
STORET ADDDICE			1 .						ł		

not examily for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the exemption and that my signature shall have the same legal effect as if made under eath; that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name than address.