Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90035 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091476

1. Corporation Name

ABUQUI	MEDICAL EQUIPMENT INC.				
				1 12 12 12 12 13 14 15 15 15 15 15 15 15	
Principal Place of Business Mailing Address					Alt tithin accides
1933 WEST 68TH STREET 1933 WEST 68TH STREET					
HIALEAH FL 33014 HIALEAH FL 33014		HIALEAH FL 33014		DO NOT WIDITE IN THIS SPACE	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				12/16/1994	
2. Principa Pl	lace of Business	2a. Mailing Address			Applied For
21		26		65-0536400	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	5 Auditional
22		27		ree	Recuired
City & State	e	City & State			May Be d to Fees
Zip	Courtry	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	0	Personal Property Tax.	[<u>3</u> No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
CAD	CIA ALEVANDED		81 Name		
GARCIA, ALEXANDER 5346 WEST 23RD COURT		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
#2:	WEST ZOND COUNT				
	EAH FL 33016		83		
THAL	EATT / E 33010		84 City	₽. 85 Z	p Code
				FL °° 1	it internal
11. Pursuant office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes	, the above-named co	progration submits this statement for the purpose of changing	its registered
		n Fioriua. Such Grange was dui	nonzed by the corpora	stion's board of cirectors, i hereby accept the appointment as	registered
agent. a	m familiar with and accept the obligat	ions of, Section 607.0505, Florid	la Statutes.	orporation submits this statement for the purpose of changing tion's board of cirectors. I hereby accept the appointment as	S
SIGNATURE	X	7	Alexand	en GARDIA 4/14/9	<u>5</u>
SIGNATURE	m familiar with Indiac cept the obligat	and title if applicable (NOTI.: R	a Statutes. A Ex And egistered Agent signature required. 13.	en GARDIA 4/14/9	
SIGNATURE	Signature types of printed name of registered agent	and title if applicable (NOTI.: R	egistered Agent signature requests 13.	CAROLA HIY 9 OTHER WHEN TRINSICHANGES TO OFFICERS AND DIRECT CHANGES TO OFFICERS AND DIRECT	TOF.S IN 12
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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 1.2 or Block 13 if changes, or on an attaching with an address, with all particular empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition