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

**PROFIT** CORPORATION **ANNUAL REPORT** 





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 4

Secretary of State DIVISION OF CORPORATIONS

**FILED** Mar 02 1998 8:00am Secretary of State

1. Corporation Name P95000032462 (0)										
YAMIRA MEDICAL EQUIPMENT, INC.										
TAMINA MEDICAL EQUIFMENT, INC.						1 (8 11) 8 11 110 18 11	er Antis Adian Ating A			in Lief Staf
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Principal Place of Busine	iss	Mailing Add	dress						IEIF OIDEO DHA	O HIEL HOLL
939 S.W. 87 AVENUE 939 S.W. 87 AVENUE										
STE. B STE. B										
MIAMI FL 33174 MIAMI FL 33174						DO NOT WRITE IN THIS SPACE				
						3. Date incorporate	ed or Qualified			
6 Dissipal Dissa of Dus	1	00 11-30-	4 - 4			04/21/1995		·		
2. Principal Place of Bus	iness	2a. Mailing Address			4. FEI Number			_ <del>                                    </del>	olied For	
Suite, Apt. #, etc.		26 Suite A	Suite, Apt. #, etc.			65-057567	8		\$8.75 A	Applicable
22	<del></del>	27			5. Certificate of Sta	itus Desired		Fee Red		
City & State		City & State			6. Election Campai	an Financina	· · · · · ·	\$5.00	·	
23	28	28			Trust Fund Contr	-		Added to		
Zip	Country	Zip		Country	/	8. This corporation	owes or has p	aid the currer	it year Inta	ngible
24	25	29		30		Personal Propert				No
	e and Address of Currer	t Registered Ag	ent		Υ	10. Name and Addr		<u> </u>		
<b>FERNAM</b> DEZ				81	Name G.A			FLENA	1	
939 S.W. 87 AVENUE				82	Street Addr	ress (P.O. Box Number	is Not Accepta	bje).		0
STE. B				83	93	9 5W	87-1	<u> </u>	TE	
MIAMI PL 33174				83	1	u:Ami	FL			
				84	City	1	4	EI	85 Zip C	ode
11. Pursuent to the provi	sings of Sections 607.050	2 and 607 1508	Florida Statute	e the show	a-named corn	poration eulamite this eta	tement for the	FL	25	registered
11. Pursuant to the provi office or registered a agent. I am (article)	gent, or both, in the State	of Florida, Such	change was a	uthorized by	the corporati	tion's board of directors	. I hereby acce	pt the appoin	iment as r	egistered
<b>             </b>	vith, and accept the obliga	ations of, Section	607.0505, Floi		ila no	4		2-23	-9	2
SIGNATURE Signature, type	d or printed name of registered age	NZ P	NOTE	: Registered Apr	ent signature require	z - red when reinstating)		DATE	<i>y - 7 6</i>	<u> </u>
12.	OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHAP	IGES TO OFFI	CERS AND D	RECTORS	IN 12
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	W. 87 AVENUE, STE. (	3		1.3 STREET	ADDRESS	39 BW 87	AVG.	STE 1	3	ļč
CITY-ST-ZIP MIAMI	FL 33174			1.4 CITY - S	T-ZIP		FL 3	3174		18
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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 composition 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 chapter or on an attachment with an address.