

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000032462**

1. Corporation Name  
**YAMIRA MEDICAL EQUIPMENT, INC.**

Principal Place of Business  
**939 S.W. 87 AVENUE  
STE. B  
MIAMI FL 33174**

Mailing Address  
**939 S.W. 87 AVENUE  
STE. B  
MIAMI FL 33174**

2. Principal Place of Business  
21 **5760 W. FLAGLER ST**  
Suite, Apt. #, etc.  
22  
City & State  
23 **MIAMI, FL**  
Zip Country  
24 **33144** [25] **U.S.A.**

2a. Mailing Address  
26 **5760 W. FLAGLER ST**  
Suite, Apt. #, etc.  
27  
City & State  
28 **MIAMI, FL**  
Zip Country  
29 **33144** [30] **U.S.A.**

**9. Name and Address of Current Registered Agent**

**GARCIA, MARIA ELENA  
939 S.W. 87TH AVE.  
SUITE B  
MIAMI FL 33174**

81 Name **Lici R. Bravo**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**21 SW 134 CT**  
83  
84 City **MIAM** FL 85 Zip Code **33184**

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 *[Signature]*

(NOTE: Registered Agent's signature required when applicable)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GARCIA, MARIA ELENA</b>	
STREET ADDRESS	<b>939 S.W. 87 AVENUE, STE. B</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, RAUL</b>	
STREET ADDRESS	<b>939 S.W. 87TH AVE., SUITE B</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE **President**  Change  Addition  
12 NAME **Lici R. Bravo**  
13 STREET ADDRESS **5760 W FLAGLER ST.**  
14 CITY-ST-ZIP **MIAMI, FL 33144**  Change  Addition  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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-04/20/99--01044--020  
\*\*\*\*158.75 \*\*\*\*158.75  
*[Handwritten initials]*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered

SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 (305) 266-8044

DATE

APR 15 1999  
939 S.W. 87 AVENUE  
STE. B  
MIAMI, FL 33174



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/21/1995**

4. FEI Number  
**65-0575678** 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 owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

0274892

CR2E034 (11/98)