

FILE NOW: FILING FEE AFTER


00

APPROVED AND FILED

97 JUL 29 PM 1:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



STATE OF FLORIDA DIVISION OF CORPORATIONS

DOCUMENT # **996000018708**

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

Principal Place of Business Mailing Address

2414 S.W. 137 AVE. MIAMI, FL. 33175

2. Principal Place of Business **21 SAME AS ABOVE**

2a. Mailing Address **26 SAME AS ABOVE**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25 Country

29 Zip Country

30 Country

3. Date Incorporated or Qualified **3/4/96**

3a. Date of Last Report

4. FEI Number **65-0645938**

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

MICHAEL BERNAL
3351 SW 139 AVE
MIAMI, FL. 33175

10. Name and Address of New Registered Agent

81 Name **MICHAEL BERNAL**

82 Street Address (P.O. Box Number is Not Acceptable) **3351 SW 139 AVE**

83

84 City **MIAMI** FL 85 Zip Code **33175**

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]* 5/27/97

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL BERNAL	12 NAME	
STREET ADDRESS	3351 S.W. 139 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33175	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARDO BERNAL	22 NAME	
STREET ADDRESS	3351 SW 139 AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33175	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

100002254051--1
 -07/31/97-01076-013
 ****165.00 ****165.00

4/20/97

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: *[Signature]* 4/20/97 305-220-4151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)