

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 24 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064329

1. Corporation Name

**NEW Advanced Medical Equipment
CORPORATION**

Principal Place of Business

Mailing Address

**6555 NW 36 ST STE 201-H
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

SAME AS ABOVE

4. FEI Number

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

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRISSEL ARIAS
1350 NW 67 AVE STE 2.
MIAMI, FL 33144**

81 Name

GRISSEL ARIAS

82 Street Address (P.O. Box Number is Not Acceptable)

83

6555 NW 36 ST. STE 201-H

84 City

MIAMI

FL

85 Zip Code

33166

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**Pres & CEO
GRISSEL ARIAS
6555 NW 36 ST STE 201-H
MIAMI, FL 33166**

1.1 TITLE
1.2 NAME

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition
**000001464580
-04/26/95--01009--016
****200.00 ****200.00**

TITLE
NAME

MIAMI, FL 33166

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME

MIAMI, FL 33166

3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME

**VICTORIA SANTAMARIA
V.P. & TREAS.**

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME

**6555 NW 36 ST STE 201-H
MIAMI, FL 33166**

5.1 TITLE
5.2 NAME

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME

MIAMI, FL 33166

6.1 TITLE
6.2 NAME

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

TITLE
NAME

MIAMI, FL 33166

TITLE
NAME

MIAMI, FL 33166

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NAME

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NAME

MIAMI, FL 33166

TITLE
NAME

MIAMI, FL 33166

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Grisel Arias

GRISSEL ARIAS

3-24-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)