

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

FILED

Sep 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name P97000055561

Ace Medical Equipment Group Corp

Principal Place of Business 1535 SW 119 Court Miami, FL 33184	Mailing Address 1535 SW 119 Court Miami, FL 33184
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2. Principal Place of Business 21 11865 SW 26 Street Suite, Apt. #, etc. 22 Suite G-8E City & State 23 Miami, Florida Zip 24 33175	2a. Mailing Address 26 11865 SW 26 Street Suite, Apt. #, etc. 27 Suite G-8E City & State 28 Miami, Florida Zip 29 33175	3. Date Incorporated or Qualified 6/24/98 3a. Date of Last Report 6/24/98 4. FEI Number 65-0764806 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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8. Name and Address of Current Registered Agent

Daniel Valdes
1535 SW 119 Court
Miami, FL 33184

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Daniel Valdes* Daniel Valdes 5/20/98
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP D/P Daniel Valdes 1535 SW 119 Court Miami Florida 33184	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 000002630840 -09/02/98--01005--050 ***550.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP ☐ Change ☐ Addition

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: *Daniel Valdes* Daniel Valdes 5/20/98 (305) 554-1752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)