

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F92724** (6)

1. Corporation Name

HOSPITAL EQUIPMENT MARKETING, INC.



Principal Place of Business

**7207 N.W. 79TH TERR.
MEDLEY FL 33166**

Mailing Address

**7207 N.W. 79TH TERR.
MEDLEY FL 33166**

3. Date Incorporated or Qualified
07/30/1982

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

21 SAME AS IN 1

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME AS IN 1.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2205602

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

**MARTINEZ, HECTOR
14120 S.W. 44TH STREET
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☒ PD ☐ DELETE

NAME **MARTINEZ, HECTOR**
STREET ADDRESS **14120 S.W. 44TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ PD ☐ DELETE

NAME **MARTINEZ, JUANA**
STREET ADDRESS **14120 S.W. 44TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change: ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change: ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400001806054
-05/03/96--01015--008
*****205.00**

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 119.07(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: **HECTOR L. MARTINEZ.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25, 1996

Date

883-9072

Daytime Phone #

CR2E034 (12/95)