

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

0241015

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92724

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**

FILED

99 JUN 25 PM 1:00

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1982	
21		26		4. FEI Number 59-2205602	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

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 25262-2)
83	07/07/99-01063-009 ****150.00 ****150.00
84	City
FL	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, HECTOR	12 NAME	
STREET ADDRESS	14120 S.W. 44TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JUANA	22 NAME	
STREET ADDRESS	14120 S.W. 44TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 14, 1999

(305)883-9072

Date

Daytime Phone #

CR2E034 (1/98)

Hospital Equipment Marketing, Inc.

NEW & RECONDITIONED
MEDICAL EQUIPMENT
IMPORT • EXPORT • SALES • SERVICE

June 14, 1999

The Honorable
Mrs. KATHERINE HARRIS
Secretary of State
Florida Department of State
Division of Corporation.
P.O.Box 1500
Tallahassee, FL. 32302

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Dear Mrs. Harris :

As president of Hospital Equipment Marketing, Inc., I am asking your favor in order to void the penalty for being late in filling the 1999 Profit - Corporation Annual Report, for the reason herein exposed.

The company CAC Concrete & Asphalt Cutting, Inc., located in 7209 N.W. 79th Terrace, Medley Fl. 33166, was our next door neighbor until June 30th, 1999 when they move out. The people doing the cleaning of that place found the 1999 Profit Corporation Annual Report with our name in the front and they handed to us. This is why we are filing it late. We called your office in Tallahassee and they instructed us to send a letter with this explanation, although they did not promise that the penalty could be voided.

Mrs Harris, our financial situation has been very difficult with the closing of the markets of Latin America, to the point that in order to survive only two people work for this company, my wife and myself.

My deep gratitude for your positive response to my plea.

Very truly yours,


Hector L. Martinez
President.