

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # K17822

(3)

95 JUN 13 PM 9:20

1. Corporation Name

MEDI-WHEELS SYSTEMS INC.

Principal Place of Business

4990 SW 72 AVE #109
MIAMI FL 33155

Mailing Address

4990 SW 72 AVE #109
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1988

3a. Date of Last Report

07/25/1994

2. Principal Place of Business

21 5509 S.W. 63RD.

2a. Mailing Address

26 5509 S.W. 63RD.

4. FEI Number

65-0034764

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23 S. MIAMI - FLA

City & State

28 S. MIAMI FLA.

6. Election Campaign Financing
Trust Fund Contributions

☐

**\$5.00 May Be
Added to Fees**

24 33/55

Country

25 DAE

29 33/55

Country

30 DAE

8. This corporation has liability for intangible tax under s. 198.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROMERO, LUIS A
5509 SW 63RD AVE
MIAMI FL 33155

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)

(Date: Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROMERO, LUIS A
STREET ADDRESS	5509 SW 63RD AVE
CITY, ST, ZIP	MIAMI FL
TITLE	SD
NAME	ROMERO, ESPERANZA
STREET ADDRESS	5509 SW 63RD AVE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. Additional Officers and Directors (Add, Change, or Delete)

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS A. ROMERO 6-5-95 805 662 6666
Date (Typed Name)