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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K31082 (6)

1. Corporation Name  
MIAMI MEDICAL EQUIPMENT SERVICES, INC.

Principal Place of Business

13790 SW 8ST  
MIAMI FL 33184  
US

Mailing Address

13790 SW 8 ST  
MIAMI FL 33184-3031  
US



3. Date Incorporated or Qualified  
08/16/1988

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

21 Suite Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite Apt #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0066424

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

10. Name and Address of New Registered Agent

OSVALDO FRIGER  
11488 SW 40 ST  
MIAMI FL 33165

Oswaldo Friger  
5860 S.W. 8 ST Suite 2  
Miami FL 33144

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 ~~RD~~ NAME ~~OSVALDO FRIGER~~ STREET ADDRESS ~~11488 SW 40 STREET~~ CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ DELETE NAME ~~OSVALDO FRIGER~~ STREET ADDRESS ~~5860 S.W. 8 ST~~ CITY-ST-ZIP ~~Suite 2 Miami FL 33144~~

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0248938

CR2E034 (9/96)