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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 2-27-96 B-1633-C DOCUMENT # Corporation Name DURAMED EQUIPMENT, INC. Mailing Address Principal Place of Business 151 MARJORCA AVE 11117 OKEECHOBEE RD SUITE C **CORAL GABLES FL 33134** HIALEAH GARDENS FL 33016 2. Principal Place of Business 2a. Mailing Address 26 21 Suite, Apt. #, etc. Suite, Apt. #, ctc. 22

65-0176556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required City & State 6. Election Campaign Financing \$5.00 May Be City & State П Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country  $2\omega$ Yes Mo Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B١ Name PRATS, GABRIEL CPA Street Address (P.O. Box Number is Not Acceptable) 82 PRATS, FERNANDO & CO 83 151 MAJORGA AVE ST C CORAL GABLES FL 33134 Zip Code City

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. (NOTE: Rugistered Agnnt signature required when reinstating) Stig sature, typical or pointed name of registered agent and little if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PTDS DELETE 1. 1 TITLE Hill JUAN CARLOS SIERRA CIERRA, CARLOO, E 1.2 NAME NAME ~ Okeechobee Road, #129 11117 11117 W OKEESHOBEE RD 1.3 STREET ADDRESS SPREET ADDRESS Gardens FL 33016 Hicleah HIALEAN CARDENO FL 1.4 CITY - S1 - ZIP 011Y - ST - ZIP DELETE 2 1 TITLE TiTLE MATEUS, NESTON, E 2 2 NAME NAME TITT W OKEECHOBEE RD 23 STREET ADDRESS STREET ADDRESS HIALEAH GARDENO FL 24 CITY-ST-ZIP CITY - ST\_ZIP Addition DELETE 3 1 TITLE 1iLE SIERRA, GLORIA, E 3 2 NAME NAME -1117 W OKECOHOBEE RD 33 STREET ADDRESS STREET ADDRESS HIALEAN CARDENO FL 3.4 CITY - ST - ZIF CHY-ST-ZP Change ☐ Addition DELETE 4 1 TITLE TELF 4.2 NAME N/ ME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIF CIEY ST-ZIF Change Addition DELFIE 5.1 TITLE MILE 5.2 NAME NAME: 5.3 STREET ADD RESS STREET ADDRESS 5 4 CITY-ST-ZIP CHY-ST ZIP Change Addition DELETE 6 1 TITLE TUTEE 62 NAME NAME 6.3 STREET ADDRESS SHREET ADDRESS 6.4 CITY - ST- ZIP

14. I do hereby co-t/y 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 cally 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 ed, or on an attachment with an address. appears in Block 12 or Block 13 Jehand

**SIGNATURE** 

UNN CAPLOS SIELLA

3. Date incorporated or Qualified 03/26/1990

4. FEI Number

3a. Date of Last Report

05/01/1995

Applied For

(305)8243341