

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33813 (9)
1. Corporation Name
LATIN ASSOCIATION OF MEDICAL EQUIPMENT DEALERS,
INC.



Principal Place of Business Mailing Address
P O BOX 1840 P O BOX 1840
MIAMI FL 33144 MIAMI FL 33144

3. Date Incorporated or Qualified 08/21/1989 3a. Date of Last Report 05/01/1995

| | | | |
|--------------------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0204746 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 23 | 28 | Trust Fund Contribution | |
| Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes No |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEDELL, ROBERT
4942 LEJEUNE RD SUITE #1
CORAL GABLES FL 33134

| | |
|----|--|
| 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 617.0502 and 617.1508, 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 617.0503, 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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDELL, ROBERT | 1.2 NAME | |
| STREET ADDRESS | P.O. BOX 650011 (N/A) | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTEAGUDO, RENE | 2.2 NAME | |
| STREET ADDRESS | PO BOX 141631 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTEAGUDS, JORGE | 3.2 NAME | |
| STREET ADDRESS | 1694 CORAL WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, EDNA K. | 4.2 NAME | |
| STREET ADDRESS | 15611 SW 62 ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33193 | 4.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDELL, PHILIPPE L. | 5.2 NAME | |
| STREET ADDRESS | 4942 LEJEUNE ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 5.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLANA, ORLANDO | 6.2 NAME | |
| STREET ADDRESS | 2000 SW 27 AVE. #204 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33125 | 6.4 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 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 617, 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

R. MEDELL

3/15/96

Date

Daytime Phone #

(305) 441-9243

CR2E037 (12/95)