Same and Address of Current Registered Agent Same and Address of New Registered Agent Same and Address of	BEST VALUE MEDICAL EQUIPMENT INC. 02 SEP.17 PH 2: 17 SCORE MEDICAL EQUIPMENT INC. 02 SEP.17 PH 2: 17 SCORE MEDICAL EQUIPMENT INC. 1790 West 49th St. # 305-15 Rialeah, Pl. 33012 1790 W. 49th St. 305-15 Son, Aut. # and 305-15 Son, Aut. # and	2002 UNIFOR	M BUSINES	, TILL OIL						.]	-J.
BEST VALUE MEDICAL EQUIPMENT INC. 02 SEP 17 PH 2: 17 Treadpe Place of Business Making Address Making Address Making Address 1790 West 49th St. # 305-15 Bialeah, Fl. 33012 Procepal Place of Business 1790 W. 49th St. 1790 W. 49th St	BEST VALUE MEDICAL EQUIPMENT INC. 02 SEP 17 PH 2: 17 PH		PO100009311	I O					FIL	EC) <
The above named and velocity this standards of the purpose of cromping is represented and velocity that the information supposed with the filing does not quarterly that the information supposed with the filing does not quarterly that the information supposed with the filing does not quarterly that the information supposed with the filing does not quarterly the filing and supposed supposed to the representation of supposed supposed the filing and contains a supposed with the filing does not quarterly the filing and supposed to the representation of supposed supposed the filing and contains a supposed with the filing does not quarterly the filing and supposed to the representation of supposed supposed the filing and contains a supposed that the information supposed with the filing does not quarterly the filing and contains a supposed to the representation of supposed supposed the filing and contains a supposed that the information supposed with the filing does not quarterly the filing and contains a supposed that the information and supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the filing does not quarterly the filing and contains a supposed with the f	TALLAHASSEE, FLORIDA THIS DAY, THE MAN THIS SINCE TOO NOT WRITE IN	t :	MEDICAL EQUI	PMENT INC.			·	. 02		¥	
T190 West 49th St. # 305-15 Hialeah, Pl. 33012 Procease Please of Reviews 1790 W. 49th St. 1790 W. 49th	1790 West 49th St. # 3015-15 Hialeah, Fl. 33012 Suite Apt 2 UC Suite Apt 3 UC Suite Apt 3 UC Suite Apt 3 UC Suite Apt 4 UC Suite App 4 UC Suite	ncipal Place of Business	უ ∴ Ma iling	g Address			k_	SE TAL	GRETAR STENES	JCF S	TATE,
1790 W. 49th St. 1790 W. 49th St. 1790 W. 49th St. 305-15	1790 W. 49th St. 1790 W. 49th St. 2006 April 1815 DONOT WRITE IN THIS SPACE State 305-15 Subset April 1816 Subset April			5					LANAUU		OKIDA MMMM
Solite, Apt. 1, sic. 305 - 15	Suite, Aust. Suite. Suite Aust. Fue. Suite. Aust. Fue. Suite. Aust. Fue. Suite. Aust. Fue. Application of Suite. Pue. Application of Suite. Application o		1.	•) 1 08 18 0 01 /10 (14)	i b ilik ed jir bb ik	[[]]	 	
Cry & State Hila leah County The Alphabet Applied For For Required States Address of States Desired States Address of States Desired Base Required Co. Name and Address of Current Registered Agent Thus and Address of Current Registered Agent Thus For Preze Juan C. Perez Shock Assigned For Disc Number is but Acceptable The Above named entity subtracts this attendment for the purpose of changing its registered of line or registered agent, or both, in the State of Provide GNATURE The Above named entity subtracts this attendment for the purpose of changing its registered of line or registered agent, or both, in the State of Provide GNATURE The Above named entity subtracts this attendment for the purpose of changing its registered of line or registered agent, or both, in the State of Provide GNATURE The Above named entity subtracts this attendment for the purpose of changing its registered of line or registered agent, or both, in the State of Provide GNATURE The Above named entity subtracts this attendment for the purpose of changing its registered of line or registered agent, or both, in the State of Provide GNATURE The Above named entity subtracts this attendment for the purpose of line and section to occur. The Above named entity subtracts this attendment for the purpose of line and section to occur. The Above named entity subtracts this attendment for the purpose of line and section to occur. The Above named entity subtracts and this attendment for the purpose of line and section to occur. The Above named entity subtracts and this attendment for the purpose of line and section to occur. The Above named entity subtracts and this attendment for the purpose of line and section to occur. The Above named entity subtracts and this attendment for the purpose of line and section to occur. The Above named entity subtracts and	Cry & Store Hila Laleah Hila Leah Governorm Registrored Agent To County Additional From Required Agent To County Hila Leah	Suite, Apt. #, etc.	Suite,	e, Apt. #, etc.	-		D	O NOT WRIT	E IN THIS SF	i PACE	
33012 Country State Stat	Section Sect	City & State	City 8	& State				 			<u> </u>
The above named entity submats this statement for the purpose of changing its regulatored office or registered agent. This corporation is eighble to satisfy its integrable of the purpose of changing its regulatored office or registered agent or both, in the State of Froids. The above named entity submats this statement for the purpose of changing its regulatored office or registered agent or both, in the State of Froids. The corporation is eighble to satisfy its integrable of the purpose of changing its regulatored office or registered agent. or both, in the State of Froids. This corporation is eighble to satisfy its managible of the purpose of changing its regulatored office or registered agent. or both, in the State of Froids. This corporation is eighble to satisfy its managible of the purpose of changing its regulatored office or registered agent. or both, in the State of Froids. This corporation is eighble to satisfy its managible of the purpose of changing its regulatored office or registered agent. or both, in the State of Froids. The strong registered agent of both, in the State of Froids. The shove named of the supplement of the purpose of changing its regulatored office or registered agent. or both, in the State of Froids. The shove named of the supplement of the purpose of changing its regulatored office or registered agent. or both, in the State of Froids. The shove named of the supplement of the purpose of changing its regulatored agent. or both, in the State of Froids. The show named of the supplement of the supplement of the purpose of the supplement of the supple	6. Name and Address of Qurrent Registered Agent 1000		ry Zip	Co					1 1 '	8.75 Ad	ditional
Subject Authority C. Perez 19141 NW 57th Ct. Miami, Fl. 33015 The above named only submits this statement for the purpose of changing his required office or registered agent, or both, in the State of Florida. The above named only submits this statement for the purpose of changing his required office or registered agent, or both, in the State of Florida. The corporation is eligible to satisfy its imanipule of the statement of the purpose of changing his required office or registered agent, or both, in the State of Florida. This corporation is eligible to satisfy its imanipule of the statement of the purpose of changing his production of the statement of the purpose of changing his production of the statement of the purpose of changing his production of the statement of the purpose of changing his production of the statement of the purpose of changing his production of the purpose of changing his requirement of the purpose of changing his production of changing his production of the purpose of purpose of changing his production of the purpose of changing his p	Juan C. Perez 19141 NW 57th Ct. Miami, Fl. 33015 The above named only submits this statement for the purpose of changing its registered online or registered agent, or both, in the State of Florida. NATURE					7		ss of New Re		•	
19141 NW 57th ct. Miami, F1. 33015 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. GNATURE Submit	The above named online submits this statement for the purpose of changing its registrated office or rogistered agent, or both, in the State of Florida. SNATURE		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					t Acceptable)		
The above named entity submits this statement for the purpose of changing its regestered office or registored agent, or both, in the State of Florida GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GRANTINE G	Miami, F1. 33015 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SNATURE SUBJECTION OF THE STATE OF THE STA	•	AL 27			1914	NW 57th	Ct.		i	~~~
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. GNATURE Submit	The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. SNATURE SINATURE SINAT	è			City	Miami	<u> </u>		FL	Zip Cod	<u></u>
GRATURE Control of the properties of the properties of the proposal agent and the supplicable of the properties of th	SNATURE Comparison Compari		- M k/				agent or both in the	o State of Flo		3301	5
This corporation is eligible to satisfy its imangible in the corporation is eligible to satisfy its imangible in the corporation is eligible to satisfy its imangible in the corporation is eligible to satisfy its imangible in the corporation is eligible to do so. The corporation is eligible to satisfy its imangible in the corporation is eligible to add to do so. The corporation is eligible to satisfy its imangible in the corporation is eligible to add to do so. The corporation is eligible to satisfy its imangible in the corporation is eligible to satisfy its imangible in the corporation of satisfy its imangible interest. The corporation of satisfy its imangible interest. The corporation of the corporati	This corporation is eligible to satisfy its intangible in the property of the	the above named entity submits	mis statement for the bribo	ose of changing its regist	rered office of	r registerea	agon, or both, in the	a State of Flor	····		
Tax filing requirement and elects to do so. State Clear Pay 1/2 200 Fee will the \$5500 Trus France Continuation. State Clear Pay 1/2 200 Fee will the \$5500 Trus France Continuation. State Clear Pay 1/2 200 Fee will the \$5500 Trus France Continuation. Addition State Clear Pay 1/2 200 Fee will the \$5500 Trus France Continuation. Addition State Clear Pay 1/2 200 State Clear Pa	Tax ling requirement and elects to do so	· TP/	This statement for the purpo	ose of changing its regist	tered office of	r registerea	again, or ban, in the	e State of Flor			
Delete PD	OFFICERS AND DIRECTORS PD	NATURE Sign of hyped or dyinted har	me of registered agent and title it applic	icabie. (NOTE: registe	leren egeril signali	ure required whe				1	
MEET ADDRESS PET ADDRESS MEET ADRESS MEET ADDRESS MEET ADDRESS MEET ADDRESS MEET ADDRESS MEET ADRESS MEET ADDRESS MEET ADDRESS MEET ADDRESS MEET ADDRESS MEET ADR	Thereby certify that the information supplied with this filing does not quality for the composition of this report or suppliemental report is true and accourate and that my supprature shall beyond the search indicated on this report or suppliemental report is true and accourate and that my supprature shall beyond the same legal effect as infraction must be appears in trick k. Hardisciplance and that my supprature shall beyond the same legal effect as infraction and that my supprature shall beyond the same legal effect as infraction must be appears in trick k. Hardisciplance and that my supprature shall beyond the same legal effect as infraction must be appears in trick k. Hardisciplance and that my supprature shall beyond the same legal effect as infraction must be appears in trick k. Hardisciplance and that my supprature shall beyond the same legal effect as infraction can be propored to execute this report as required by Changle and that my supprature shall beyond the same legal effect as infracts under south, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required to y Changle and that my supprature shall beyond the same legal effect as if marks under south, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required to y Changles and that my name appears in trick k. Hardisciplance of the corporation of the receiver or trustee empowered to execute this report as required to y Changles and that my name appears in trick k. Hardisciplance of the corporation of the receiver or trustee empowered to execute this report as required to y Changles and that my name appears in trick k. Hardisciplance to director of the corporation of the receiver or trustee empowered to execute this report as required to y Changles.	Sign of hyped or printed har This corporation is eligible to satisfact falling requirement and elects	me of registered agent and tide it applications in the state of the st	Cable (NOVIII) FE	iered Agent signatu E 18°\$150. Se Will be \$5	ore required whe	en reinstating)	ampaign Fina	DATE ancing		
BITE Delete BITE Change Addition	BIE Delate BIE	Sign de hyped or grinted nar This corporation is eligible to sati Tax filing requirement and elects (See criteria on back)	me of registered agent and title it applications is to do so.	Alter May 1, 2002 Feduce Check Payable to	E IS \$150. E will be \$5 Department	00 550.00 t of State	10. Election C Trust Fund ADDITIONS/CHANC	ampaign Fina d Contribution GES TO OFFIC	DATE DATE CERS AND C	Added	to Fees S IN 11
STREET ADDRESS Y-ST-ZIP Delete THE HAM! CHAPTER ADDRESS CHY-ST-ZIP Delete THE HAM! CHAPTER ADDRESS CHY-ST-ZIP Delete THE HAM! SHEET ADDRESS CHY-ST-ZIP Delete THE HAM! SHEET ADDRESS CHY-ST-ZIP LE HE Delete HIB HE SHEET ADDRESS CHY-ST-ZIP LE HAM! SHEET ADDRESS CHY-ST-ZIP LE HAM! SHEET ADDRESS CHY-ST-ZIP LE HAM! SHEET ADDRESS S	STHEET ADDRESS PST-ZIP Delete	This corporation is eligible to satisfact (See criteria on back) PD FINDRESS FINDRE	me of registered agent and title it applications in the state of the s	FILE NOW III FE After May 1 2002 Fe Geneck Payable to B Delete ### Delete ### S1	E IS \$150. E Will be \$5 Department 2. ITLE HAMF TREET ADDRESS	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE ancing CERS AND E 0181 02-01(Added	S IN 11 Addition
Delete THE ADDRESS Y-S1-7IP CHARLE ADDRESS Y-S1-7IP CH	Delete D	This corporation is eligible to satisfact filing requirement and elects (See criteria on back) PD E ET ADDRESS -ST-ZIP Miami, F.	me of registered agent and title it applications in the state of the s	FILE NOWIII FE After May 1 202 Fe Alter May 1 202 Fe Be Check Payable to B Delete Delete Delete FILE NOWIII FE FILE NOWIII	inter agent signate in interest and rest	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND 1 0.00 *	Added	S IN 11 Addition
STREET ADDRESS Y-ST-ZIP Delete DITE THAM STREET ADDRESS Y-ST-ZIP CHAME CHAME STREET ADDRESS Y-ST-ZIP Delete Delete THAME STREET ADDRESS Y-ST-ZIP CHAME STREET ADDRESS Y-ST-ZIP CHAME STREET ADDRESS Y-ST-ZIP Delete THAME STREET ADDRESS Y-ST-ZIP CHAME STREET ADDRESS Y-ST-ZIP Delete THAME STREET ADDRESS Y-ST-ZIP Thereby certify that the information supplied with this filing does not quality for the e-complain or stated in Section 119.07(3)(i). Florida Statutes. Flurtner certify must the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under south, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proport as shall have the same legal effect as if made under south, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proport as shall have the same legal effect as if made under south, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proport as the property of the same legal effect as if made under south, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proport as the property of the corporation or the receiver or trustee empowered to execute this proport as the property of the corporation or the receiver or trustee empowered to execute this proport as the property of the corporation of the corporation or the receiver or trustee empowered to execute this property as the property of the corporation of the c	STREET ADDRESS -ST-ZIP Delete III.E Change Addition	This corporation is eligible to satisfaction of the corporation of the	me of registered agent and title it applications in the state of the s	FILE NOWIII FE After May 1 202 Fe Alter May 1 202 F	INTELLIBRATION OF THE PROPERTY	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND 1 0.00 *	Added	S IN 11 Addition
Delete Del	Delete D	This corporation is eligible to satisfact from the satisfact of the satisf	me of registered agent and tide it applications in the process of	FILE NOW III FE Alter May 1 2002 Fe Alter May	E IS \$ 150. E IS \$ 150. E Will be \$5 Department 2. ITLE HAMF HEET ADDRESS ITY-ST-ZIF HIE HEET ADDRESS HY-ST-ZIF HIE HIE HIE HIE HIE HIE HIE H	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND D 1 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Added DIRECTORS DIRECTORS DIRECTORS CHARGE CHARGE	S IN 11 Addition
SHEET ADDRESS Y-ST-ZIP LE Delete De	STHEET ADDRESS -ST-ZIP Delete HITE HAME STHEET ADDRESS -ST-ZIP Delete HITE HAME STHEET ADDRESS -ST-ZIP Delete HITE HAME SHEET ADDRESS -ST-ZIP CITY-ST-ZIP Delete HITE HAME SHEET ADDRESS -ST-ZIP Delete HITE HAME SHEET ADDRESS -ST-ZIP Thereby certify that the information supplied with this filling does not quality for the e-compilion stated in Section 119.07(3)(i), Florida Statutes. Hormer certify that the information 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 12 or changed, or on an attachment with an address, with all other like empowered.	This corporation is eligible to satisfact and elects (See criteria on back) PD ET ADDRESS -ST-ZIP	me of registered agent and title it applications in the state of the s	Tite NOW III FE Alter May 1 2002 Fe Alter May	IE IS \$ 150. IE IS \$ 150. IE Will be \$5 Department 2. ITHE IAME ITHE ADDRESS ITY-ST-ZIP ITHE AME THEET ADDRESS ITY-ST-ZIP ITHE AME THEET ADDRESS ITY-ST-ZIP ITHE ITHEET ADDRESS	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND D 1 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Added DIRECTORS DIRECTORS DIRECTORS CHARGE CHARGE	S IN 11 Addition Addition
Delete Del	Delete DITE Change Addition E. HAME ET ADDRESS SITE ADDR	This corporation is eligible to satisfact filing requirement and elects (See criteria on back) PD E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	me of registered agent and title it applications in the state of the s	FILE NOWIII FE Alter May 1 2002 Fe Alter May 1 2002 Fe Be Check Payable to III Delete III Delete III III III III III III III III III II	IRECT ADDRESS ITY-ST-ZIP THEET ADDRESS ITY-ST-ZIP	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND E 0.00 *	Added DIRECTORS DISS—D	S IN 11 Addition O OO Addition
Stiffet ADDRESS Y-\$1-ZIP LE LE LE Delete LETADDRESS Y-\$1-ZIP Delete LETADDRESS Y-\$1-ZIP Delete LETADDRESS Y-\$1-ZIP LETADDRESS Y-\$1-ZIP Delete LETADDRESS Y-\$1-ZIP Letadout Statutes and the companion stated in Section 1 19.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under routing that I am an officer or director of the corporation or the receiver or trustee emoward to execute this report is required by Charges (8)2-\$1-Zip (8)2-\$	SOBET ADDRESS STITE Detels HITE I Detels HITE I Change Addition ET ADDRESS -ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outle, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602 Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	This corporation is eligible to satisfact filing requirement and elects (See criteria on back) PD Juan C. 19141 NW Miami, F. E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	me of registered agent and title it applications in the state of the s	FILE NOWILL FE All May 1, 2002 Fe All Check Payable to Delete III Delete III Delete III Delete III All Delete III Delete III All Delete	INTERPORT SIGNAL STATE OF THE S	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND E 0.00 *	Added DIRECTORS DISS—D	S IN 11 Addition Addition
Deteta HITE INTEL ADDRESS V-ST-ZIP Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statistics. I furning certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under routing that I am an officer or director of the corporation or the receiver or trustee emoward to execute this report is report as reporting that the Section 119.07(3)(i). Florida Statistics. I furning certify that the information of the corporation or the receiver or trustee emoward to execute this report is required by Chargon, 802-85 land a Statistics and that the appearance of the corporation or the receiver or trustee emoward to execute this report is required by Chargon, 802-85 land a Statistics and that the appearance of the corporation or the receiver or trustee emoward to execute this report is required by Chargon, 802-85 land a Statistics and that the appearance of the corporation or the receiver or trustee emovariors.	ET ADDRESS -ST-ZIP Delete HITE Change Addition -ST-ZIP Shift Addition -ST-Z	This corporation is eligible to satisfact fing requirement and elects (See criteria on back) PD Juan C. 19141 NW Miami, F ET ADDRESS -SI-ZIP ET ADDRESS -SI-ZIP ET ADDRESS -SI-ZIP	me of registered agent and title it applications in the state of the s	File NOw Norm Now No	INTELLATION SIGNAL STATE OF ST	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND (0.00 *	Added DIRECTORS DIRECTORS Change Change Change Change	S IN 11 Addition O OO Addition
Shift ADDRESS Y-ST-ZIP Shift ADDRESS O(IT)-ST-ZIP I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutas. Hurther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee emoward to execute this report is required by Charles 802-5 legal Statutes and the present as required by Charles 802-5 legal Statutes.	STREE ADDRESS -ST-ZIP Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statities. Former certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	This corporation is eligible to satisfact filing requirement and elects (See criteria on back) PD ET ADDRESS -ST-ZIP	me of registered agent and title it applications in the state of the s	Pite Now Pite Pite After May 1 2022 Fe	THE STATE OF THE S	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND (0.00 *	Added DIRECTORS DIRECTORS Change Change Change Change	S IN 11 Addition Addition Addition
I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutas. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same tegal effect as if made under out; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 802-8 loaded Statutes, and that I am an officer or director.	I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under bath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602 Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	This corporation is eligible to satisfact filing requirement and elects (See criteria on back) PD ET ADDRESS -ST-ZIP	me of registered agent and title it applications in the state of the s		INTERPORT STORMS INTERPORT ST	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND D 1 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Added DIRECTORS DIRECTORS DIRECTORS Change Change Change Change	S IN 11 Addition Addition Addition
indicated on his report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee employment to execute this report is required by Charles 802-8 bands studies and that the corporate in Relation 1.1 or Plant 1.3 of the Corporation or the receiver or trustee employment to execute this report is required by Charles 802-8 bands studies and that the corporate in Relation 1.1 or director	troicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 12 of Statutes and that my name appears in Block 12 or Block 12 of Statutes.	This corporation is eligible to satisfact filing requirement and elects (See criteria on back) PD ET ADDRESS -ST-ZIP	me of registered agent and title it applications in the state of the s		INTERPORTERS INTER	00 550.00 t of State	10. Election C Trust Func	ampaign Fina Contribution GES TO OFFIC DOSC -09/25/1	DATE CERS AND D 1 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Added DIRECTORS DIRECTORS DIRECTORS Change Change Change Change	Addition
	19085 4065 Oliolog 825-3	This corporation is eligible to satisfacting requirement and elects (See criteria on back) PD E ET ADDRESS -ST-ZIP	me of registered agent and tide it applications in the state of the st	Delete	INTELLIBRATION SIGNAL TELIS \$ 150 TO DEPARTMENT THE TABLET ADDRESS THY-ST-ZIP THE AME THEET ADDRESS THY-ST-ZIP THY-ST-ZIP THEET ADDRESS THY-ST-ZIP THY-ST-ZIP THEET ADDRESS THY-ST-ZIP THEE	oo sed in Sectio	n 119.07(3)(i), Florid	ampaign Final d Contribution GES TO OFFIC DICIBIC -09/25/1 ****15(DATE CERS AND E 0181 0201(0.00 *	Added DIRECTORS DIRECTORS DIRECTORS Change Change Change Change Change	Addition Addition Addition Addition

SIGNATURE:

BEST VALUE MEDICAL EQUIPMENT, INC.

1790 West 49th St., Suite 305-15 * Hialeah, Florida 33012 Telephone: 305-803-6673



September 13, 2002

Florida Department of State P.O. Box 6327 Tallahassee, Florida 32314

RE: P01000093110

Dear Sir or Madam:

This is to inform you that our corporation has not been operating since its inception on September 2001. We are now in the process to commence our business since all of the required licenses and permits are now in place. Therefore, we visited our accountant, who informed me that the annual report has not been paid. Please be advised that we have no knowledge or record of receiving such report. In addition, since this is a new business, we were not aware that this report was due and payable on or before the 30th of April.

Therefore, upon calling your office this morning, we were advise to send in \$150.00 for payment of the annual report, and hereby request, that the penalty for this year be waived under the circumstances explained above.

Please advise us of your final decision.

Thank you for your assistance and cooperation with this matter.

Sincerely,

Juan Perez