


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90092 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # P92000007159 1. Corporation Name ADEL MEDICAL RENTAL SUPPLIES, INC.																																																																																																																																							
Principal Place of Business 2895 SW 69th Court Miami, Florida 33155 U.S.A.		Mailing Address 2895 SW 69th Court Miami, Florida 33155 U.S.A.																																																																																																																																					
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9. Name and Address of Current Registered Agent ALFREDO DELGADO 7501 SW 100th Avenue Miami, FL 33173 US		10. Name and Address of New Registered Agent 81 Name ALEJANDRO NUNEZ, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1607 Ponce de Leon Blvd. 83 Suite 101 84 City Coral Gables FL 85 Zip Code 33134																																																																																																																																					
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 Alejandro Nunez, Esq. DATE 4/27/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																							
12. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>P</td><td><input checked="" type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DELGADO, ALFREDO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7501 SW 100 AVE.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Miami, FL 33173</td><td></td></tr><tr><td>TITLE</td><td>ST</td><td><input checked="" type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DELGADO, ZULITA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>151 Crandon Blvd., # 102</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Key Biscayne, FL 33149</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	P	<input checked="" type="checkbox"/> DELETE	NAME	DELGADO, ALFREDO		STREET ADDRESS	7501 SW 100 AVE.		CITY-ST-ZIP	Miami, FL 33173		TITLE	ST	<input checked="" type="checkbox"/> DELETE	NAME	DELGADO, ZULITA		STREET ADDRESS	151 Crandon Blvd., # 102		CITY-ST-ZIP	Key Biscayne, FL 33149		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><tr><td>1.1 TITLE</td><td>PD</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td>PINA, ZULA</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td>151 Crandon Blvd., # 102</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td>Key Biscayne, FL 33149</td><td></td></tr><tr><td>2.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>3.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>4.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>4.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>5.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>6.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td><td></td></tr></table>		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	PINA, ZULA		1.3 STREET ADDRESS	151 Crandon Blvd., # 102		1.4 CITY-ST-ZIP	Key Biscayne, FL 33149		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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14. I 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, with all other like empowered.

SIGNATURE: Zula Pina **ZULA PINA, Pres./Dir.** 4/27/99 305-774-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6222

CR2E034 (11/98)