

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008825 (1)

1. Corporation Name

C.E.M.A. MEDICAL RENTAL, INC.

Principal Place of Business

Mailing Address

~~7801 W. 7TH AVE.~~
~~HIALEAH FL 33014~~

~~7801 W. 7TH AVE.~~
~~HIALEAH FL 33014~~



2. Principal Place of Business

21 3001 W. 12 AVE

Suite, Apt. #, etc

22 10

City & State

23 HIALEAH, FL

Zip

24 33012

Country

25 DADE

2a. Mailing Address

26 3001 W. 12 AVE

Suite, Apt. #, etc

27 10

City & State

28 HIALEAH, FL

Zip

29 33012

Country

30 DADE

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0375023

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. 190.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BILBAO, ERKYS~~
~~7801 W. 7TH AVE.~~
~~HIALEAH FL 33014~~

10. Name and Address of New Registered Agent

81 Name

Estrella Gonzalez

82 Street Address (P.O. Box Number is Not Acceptable)

7801 W 7th Ave

83

84 City

Hialeah

FL

85 Zip Code

33014

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 *Estrella F. Gonzalez*

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME PSTD
STREET ADDRESS GONZALEZ, ESTRELLA F
CITY-ST-ZIP C/O 7801 W. 7TH AVE.
HIALEAH FL 33014

12 TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 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: *Estrella F. Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

805) 822-1104

CR2E034 (3/96)