

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040550 (4)

1. Corporation Name

J.R. MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

913-A SW 87 AVE.
SUITE 102
MIAMI FL 33174
US

7673 WEST 29TH LANE
SUITE 102
HIALEAH FL 33018

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1993

3a. Date of Last Report

07/20/1994

4. FEI Number

65-0415103

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. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1850 SW 8 street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 407

27

City & State

City & State

23 Miami, FL

28

Zip

Country

Zip

Country

24 33135

25

U.S.A

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YBARGOLLIN, JOSE
1400 S.W. 11TH TERRACE
MIAMI FL 33135

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 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

Jose Y H.: Jose Ybargollin, President

1/7/95

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

(NOTE: Registered agent signature required when constituting)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YBARGOLLIN, JOSE
STREET ADDRESS 1400 S.W. 11TH TERRACE
CITY-ST-ZIP MIAMI FL 33135

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME SOTO, ROBERTO
STREET ADDRESS 7673 WEST 29TH LANE
CITY-ST-ZIP HIALEAH FL 33016

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jose Y H.: Jose Ybargollin

1/7/95

043-0012

(Signature and typed or printed name of signing officer or director)

(Typed Name)