

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

93 MAY -1 AM 8:24

DOCUMENT # **P93000046549 (0)**

1. Corporation Name

**INFINITY HEALTH CARE PRODUCTS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2170 W. 73 STREET HIALEAH FL 33016**  
Mailing Address: **2170 W. 73 STREET HIALEAH FL 33016**

3. Date incorporated or Created <b>07/02/1993</b>	3a. Date of Last Report <b>07/26/1994</b>
4. FFI Number <b>APPLIED FOR 05-0422162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.037, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
State Abbreviation <b>22</b>	State Abbreviation <b>27</b>
City & Sub- <b>23</b>	City & State <b>28</b>
City <b>24</b>	County <b>30</b>
County <b>25</b>	Zip <b>29</b>

9. Name and Address of Current Registered Agent  
**WILSON, J. EVERETT  
80 SW 8TH STREET  
SUITE 2000, WORLDWIDE TRADE CENTER  
MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 Name: **J. Everett Wilson**  
82 Street Address (P.O. Box Number is Not Acceptable): **2151 LeJeune Road**  
83 **Mezzanine Floor**  
84 City: **Coral Gables** FL 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.0572 and 607.1408, 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 607.0575, Florida Statutes.  
SIGNATURE: *J. Everett Wilson* **J. Everett Wilson** DATE: **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>RODRIGUEZ, RAUL</b>
STREET ADDRESS	<b>2170 W. 73 STREET</b>
CITY, ST, ZIP	<b>HIALEAH FL 33016</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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 Sections 119.071-119.07104, Florida Statutes. I further certify that the information included in this annual report is supplemental, although required to be filed, and that my appointment shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the owner or inventor empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Raul Rodriguez* **Raul Rodriguez, President** DATE: **4/28/95** 305-826-0244