

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:05

DOCUMENT # P93000050971 (9)

1. Corporation Name

TOLEDO MEDICAL EQUIPMENT & SUPPLIES, INC.

Principal Place of Business

Mailing Address

~~7167 S.W. 8TH ST.~~
MIAMI FL 33144

~~7167 S.W. 8TH ST.~~
MIAMI FL 33144

7175 S.W. 8th St., #215
MIAMI, FL. 33144.

7175 S.W. 8th St. #215
MIAMI, FL. 33144.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1993
3a. Date of Last Report 10/18/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0426060

Applied For
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc

5. Certificate of Status Returned

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

25 Country

28 Zip

30 Country

7. This corporation has liability for intangible tax under S. 169.052,
Florida Statutes: XXXX Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAIRE, JUAN E

~~7167 S.W. 8TH ST.~~ 7175 S.W. 8th St., #215.
MIAMI FL 33144

01 Name

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

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE:

Signature must be on this form. Do not use a separate document.

1995

Signature Change Fee: \$10.00 per change (Additional Fee: \$10.00)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 TITLE PD
02 NAME DAIRE, JUAN E
03 STREET ADDRESS ~~7167 S.W. 8TH ST.~~ 7175 S.W. 8St. #215
04 CITY, ST, ZIP MIAMI FL 33144

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

05 TITLE
06 NAME
07 STREET ADDRESS
08 CITY, ST, ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

09 TITLE
10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

13 TITLE
14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I qualify for the exemption stated in Section 115.021, Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make me a duly sworn officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or my attachment with an address.

SIGNATURE:

Juan E Daire
JUAN DAIRE - PRESIDENT

JAN. 11, 1995 305-264-4040