FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:34

DOCUMENT # P93000061849 (4)

1. Corporation Name
ALL SERVICE MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
3118 NW 1ST ST MIAMI FL 33125	3118 NW 1ST ST MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21 7875 SW BIRD ROAD
Suite, Apt. #, etc.
22 SUITE 216
City & State
23 MIAMI FLORIDA
Zip 24 33155 Country 25 USA

2a. Mailing Address
26 7875 SW BIRD ROAD
Suite, Apt. #, etc.
27 216
City & State
28 MIAMI FLORIDA
Zip 29 33155 Country 30 USA

4. FEI Number: 65-0344621 ☐ 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

9. Name and Address of Current Registered Agent

PAZ, BARBARA
3118 NW 1ST ST
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: HARTINEZ, REINALDO
82 Street Address (P.O. Box Number is Not Acceptable): 7950 SW ~~BIRD~~ 37 Terr
83: MIAMI FLORIDA.
84 City: FL 85 Zip Code: 33155

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	DPT	☒ Change ☒ Addition
NAME	PAZ, BARBARA	1.2 NAME	HARTINEZ, REINALDO	
STREET ADDRESS	3118 NW 1ST ST	1.3 STREET ADDRESS	7950 SW 37 Terr	
CITY-ST-ZIP	MIAMI FL 33125	1.4 CITY-ST-ZIP	MIAMI FL, 33155	
TITLE	DVS	2.1 TITLE	DVS	☒ Change ☒ Addition
NAME	MARTINEZ, MARIANELA	2.2 NAME	GARCIA, EMMA	
STREET ADDRESS	3118 NW 1ST ST	2.3 STREET ADDRESS	7950 SW 37 Terr.	
CITY-ST-ZIP	MIAMI FL 33125	2.4 CITY-ST-ZIP	MIAMI FL, 33155	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 added to the report with an address.

SIGNATURE: [signature] 3/21/95 541-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181043 CP