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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000065862 (3)

1. Corporation Name

SUNSET MEDICAL EQUIPMENT, INC.

Principal Place of Business

801 N.W. 47TH AVE.
SUITE 502
MIAMI FL 33126
US

Mailing Address

1800 S.W. 1ST
STE 312
MIAMI FL 33135-1945

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 801 W. 49 St.

2a. Mailing Address

26 256 N.W. 42 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #106 C

27

City & State

City & State

23 Hialeah, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33012

25

29 33126

30 USA

9. Name and Address of Current Registered Agent

GONZALEZ, MIRTHA V
801 N.W. 47TH AVE.
SUITE 502
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

Mirtha Gonzalez

82

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

801 W. 49 St. #106 C

83

84

City

Hialeah

FL

85

Zip Code

33012

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

X M. Faeles

Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GONZALEZ, MIRTHA V
STREET ADDRESS 801 N.W. 47TH AVE., SUITE 502
CITY-ST-ZIP MIAMI FL 33126

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P

1.2 NAME Mirtha Gonzalez

1.3 STREET ADDRESS 801 W. 49 St. #106 C

1.4 CITY-ST-ZIP Hialeah, FL 33012

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: X M. Faeles President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 (305) 557-9631

Date

Daytime Phone #

0185923

CR2E034 (9/96)