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

DOCUMENT # **P94000005400 (4)**

1. Corporation Name
ALL MEDICAL NEEDS CORP.

Principal Place of Business	Mailing Address
233 EAST 49TH STREET HIALEAH FL 33013	233 EAST 49TH STREET HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0471434 ☐ 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

REGUERO, ESTRELLA A
233 EAST 49TH STREET
HIALEAH FL 33013

10. Name and Address of New Registered Agent

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 _____ 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 / NAME / STREET ADDRESS / CITY ST ZIP	PD REGUERO, ESTRELLA A 420 S.W. 49TH AVENUE MIAMI FL 33134	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition PD JULIO VILLEGAS 390 N.W. 2nd Street Miami, Fl. 33128
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD VILLEGAS, JULIO 390 N.W. 2ND STREET, SUITE 412 MIAMI FL 33128	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☑ Change ☐ Addition VD Emmanuel Wert 233 East 49th Street Hialeah, Fl. 33013
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD REGUERO, RIGOBERTO P 420 S.W. 49TH AVENUE MIAMI FL 33134	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD WERT, EMMANUEL 233 EAST 49TH STREET HIALEAH FL 33013	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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 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: E. Wert 1/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date (Area Code) #

0082480 CP