SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 11: 08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000032329 (2)

1. Corporation Name
A.G. CARE MEDICAL EQUIPMENT CORP.

Principal Place of Business
6278 SW 13TH ST
MIAMI FL 33144

Mailing Address
6278 SW 13TH ST
MIAMI FL 33144

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 175 FONTAINEBLEAU BLVD
22 Suite, Apt. #, etc.: 2K7
23 City & State: MIAMI, FL
24 Zip: 33172
25 Country: DADE

2a. Mailing Address
26 175 FONTAINEBLEAU BLVD
27 Suite, Apt. #, etc.: 2K7
28 City & State: MIAMI, FL.
29 Zip: 33172
30 Country: DADE

4. FEI Number: 65-0479559 ☐ 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
GARCIA, ALBERTO
6278 SW 13TH ST
MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name: ALBERTO GARCIA
82 Street Address (P.O. Box Number is Not Acceptable): 6278 SW 13 ST
83
84 City: MIAMI, FL
85 Zip Code: 33144

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 * [signature]
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	GARCIA, ALBERTO
STREET ADDRESS	6278 SW 13TH ST
CITY-ST-ZIP	MIAMI FL 33144
TITLE	S
NAME	GARCIA, MARIA A
STREET ADDRESS	6278 SW 13TH ST
CITY-ST-ZIP	MIAMI FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(k), 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: [signature] ALBERTO GARCIA 6/19/95 305 551-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0046300 CP