

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000039850 (0)

95 MAR 14 AM 10:01

C.N.D.C. MEDICAL EQUIPMENT CORPORATION

Principal Place of Business

Mailing Address

2935 S.W. 102ND AVENUE
MIAMI FL 33165

2935 S.W. 102ND AVENUE
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/1984

3a. Date of Last Report

4. FEI Number
65-0494437

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. 199.03?
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 7105 SW 3 STREET

2a. Mailing Address
26 7105 SW 8 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 204

27 SUITE 204

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33144

25 DADE

29 33144

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARANON, RICARDO
2935 S.W. 102ND AVE.
MIAMI FL 33165

81 Name
RICARDO MARANON

82 Street Address (P.O. Box Number is Not Acceptable)
7105 SW 8th STREET, SUITE 204

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 officer 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

RICARDO MARANON

03/10/95

12. OFFICERS AND DIRECTORS

1. TITLE
PRES/SEC/TRES
2. NAME
RICARDO MARANON
3. STREET ADDRESS
7105 SW 8th ST., SUITE 204
4. CITY-ST-ZIP
MIAMI, FL 33144

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-ST-ZIP

5. 5. TITLE ☐ Change ☐ Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-ST-ZIP

9. 9. TITLE ☐ Change ☐ Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-ST-ZIP

13. 13. TITLE ☐ Change ☐ Addition
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-ST-ZIP

17. 17. TITLE ☐ Change ☐ Addition
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY-ST-ZIP

21. 21. TITLE ☐ Change ☐ Addition
22. 22. NAME
23. 23. STREET ADDRESS
24. 24. CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included 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 on the 12 or Block 13 of a change, or on an attachment with an address.

SIGNATURE:

Ricardo Maranon

RICARDO MARANON - PRESIDENT 03/10/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR