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FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000041690 (6)**

1. Corporation Name

MASTER MED HOME SERVICES INC.



Principal Place of Business

Mailing Address

~~8381 NW 68TH ST.~~
~~MIAMI FL 33166~~

~~8381 NW 68TH ST.~~
~~MIAMI FL 33166~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

2. Principal Place of Business

2a. Mailing Address

21 **11180 W Flagler**

26 **11180 W Flagler**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste 13**

27 **Ste 13**

City & State

City & State

23 **Miami, FL**

28 **Miami, FL**

Zip

Country

Zip

Country

24 **33147**

25 **Miami-Dade**

29 **33147**

30 **Miami-Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENENDEZ, RODOLFO

~~8381 NW 68TH ST.~~ **11180 W Flagler Ste 13**
~~MIAMI FL 33166~~ **Miami, FL 33147**

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

Rodolfo Menendez
Signature, typed or printed name of registered agent and to be applicable

Rodolfo Menendez President 4-10-98

(NOTE: Registered Agent's signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MENENDEZ, RODOLFO
33 S.W. 97 PLACE
MIAMI FL 33174

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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

Rodolfo Menendez

Rodolfo Menendez 4-10-98 (305)222-2228

CR2E034 (10/97)