

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000043539 (3)

1. Corporation Name

MARELEN MEDICAL EQUIPMENT, INC.



Principal Place of Business

Mailing Address

1481 N.W. 7 ST. #1  
MIAMI FL 33125

1481 N.W. 7 ST. #1  
MIAMI FL 33125

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

09/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0499575

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, MARELEN  
6820 BROOKLINE DRIVE  
MIAMI FL 33015

81 Name

GOMEZ MARELEN

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

1481 N.W. 7 ST #1

83

84 City

MIAMI FLA

85

Zip Code

33125

\*1. 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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PST

☐ DELETE

NAME

GOMEZ, MARELEN

STREET ADDRESS

6820 BROOKLINE DR.

CITY - ST - ZIP

MIAMI FL 33015

TITLE

D

☐ DELETE

NAME

GOMEZ, MARELEN

STREET ADDRESS

6820 BROOKLINE DR.

CITY - ST - ZIP

MIAMI FL 33015

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

PRESIDENT

☒ Change ☐ Addition

1.2 NAME

GOMEZ MARELEN

1.3 STREET ADDRESS

1481 N.W. 7 ST #1 MIA. FL

1.4 CITY - ST - ZIP

2.1 TITLE

DIRECTOR

☒ Change ☐ Addition

2.2 NAME

GOMEZ MARELEN

2.3 STREET ADDRESS

1481 N.W. 7 ST #1 MIA FLA.

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

300001741353

3.3 STREET ADDRESS

-03/13/96--01043--019

3.4 CITY - ST - ZIP

\*\*\*200.00

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

600001741356

4.3 STREET ADDRESS

-03/13/96--01043--020

4.4 CITY - ST - ZIP

\*\*\*8.75

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-95 (305) 541-4128

CR2E034 (12/95)