

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046107 (6)

1. Corporation Name

ALJU MEDICAL EQUIPMENT, INC.

Principal Place of Business

516 NW 57 AVE
SUITE 206
MIAMI FL 33126
US

Mailing Address

516 NW 57 AVE
SUITE 206
MIAMI FL 33126
US

2. Principal Place of Business

2a. Mailing Address

21 7070 W 3RD AVE

26 7070 W 3RD AVE

Suite, Apt., Etc.

Suite, Apt., Etc.

22

27

City & State

City & State

23 HIALEAH FL

28 HIALEAH FL

24 33014

Country

USA

29 33014

Country

USA

9. Name and Address of Current Registered Agent

GUERRERO, JUDITH
7070 W 3RD AVE.
HIALEAH FL 33014

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 607.0550 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0407, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Signature of the person who is authorized to sign this statement on behalf of the corporation.

Date

12. OFFICERS AND DIRECTORS

TITLE	P	GUERRERO, JUDITH	☐ DELETE
NAME		7070 WEST 3RD AVENUE	
STREET ADDRESS		HIALEAH FL 33014	
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			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 or changed or on an attachment with an addendum.

SIGNATURE: *Judith Guerrero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 03, 1996 08:00 AM
Secretary of State



3. Date Incorporated or Qualified 06/21/1994
3a. Date of Last Report 06/01/1995
4. FEI Number 65-0499492
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
10. Name and Address of New Registered Agent

CR2E034 (12/95)

3-28-96 (305) 265-7280