

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 FEB 13 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000046202 (5)**

1. Corporation Name

**C & D HEALTHCARE, INC.**

Principal Place of Business

7891 W FLAGLER STREET SUITE 126  
MIAMI FL 33144

Mailing Address

7891 W FLAGLER STREET SUITE 126  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0498279

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

**CRUZ, DIONIS W**  
7891 W FLAGLER STREET SUITE 126  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

**ALBERTO ACUIRRE**

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

83

7891 W FLAGLER St suite 126

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 of 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 re-registering)

DATE

02-10-95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

CRUZ, DIONIS W

STREET ADDRESS

7891 W FLAGLER STREET SUITE 126

CITY - ST - ZIP

MIAMI FL 33144

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

Change  Addition

1.2 NAME

ACUIRRE, ALBERTO

1.3 STREET ADDRESS

7891 W FLAGLER ST. suite 126

1.4 CITY - ST - ZIP

MIAMI FL 33144

2.1 TITLE

Addition

2.2 NAME

300001405759

2.3 STREET ADDRESS

-02/14/95--01067--012

2.4 CITY - ST - ZIP

\*\*\*208.75 \*\*\*208.75

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

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 110.07(3)(b), 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 address.

SIGNATURE:

*[Signature]*

**ALBERTO ACUIRRE**  
President

02-10-95

(605) 649-7922

Signature and typed or printed name of signing officer or director

Date

Official Phone #