

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 # **P94000059578 (2)**

1. Corporation Name

INTERWORLD MEDICAL EQUIPMENT CORPORATION



Principal Place of Business

Mailing Address

2100 SW 63RD CT
MIAMI FL 33155

2100 SW 63RD CT
MIAMI FL 33155

3. Date Incorporated or Qualified **08/12/1994** 3a. Date of Last Report **02/14/1995**

21. Principal Place of Business
151 S.W. 57th. Ave.

26. Mailing Address
Same

4. FEI Number **65-0513541** Applied For Not Applicable

22. State, Apt. #, etc.
City & State

27. Suite, Apt. #, etc.
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. **Miami FL**

28. **Miami FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **33144** 25. Country **Dade**

29. Zip **33144** 30. Country **Dade**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUAREZ, MIGUEL
2100 SW 63RD CT
MIAMI FL 33155**

81. Name **Suarez, Nelson**
82. Street Address (P.O. Box Number is Not Acceptable) **151 S.W. 57th. Ave.**
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 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 **M. Suarez NELSON SUAREZ**

DATE **1-31-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D SUAREZ, MIGUEL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	2100 SW 63RD CT	1.2 NAME	Suarez, Nelson
3. CITY-STATE-ZIP	MIAMI FL 33155	1.3 STREET ADDRESS	151 S.W. 57th. Ave.
4. TITLE	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	Miami FL 33144
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	<input type="checkbox"/> DELETE	2.2 NAME	
7. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. TITLE	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME	
11. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. TITLE	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
15. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. TITLE	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME	
19. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. TITLE	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS	<input type="checkbox"/> DELETE	6.2 NAME	
23. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. TITLE	<input type="checkbox"/> DELETE	6.4 CITY-STATE-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: **M Suarez**

DATE **1-31-96** (305) 267-0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)