

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 # **P94000061050**  
Corporation Name

Queruve Medical Equipment, Inc.



Principal Place of Business

Mailing Address

2140 W Flagler St  
Suite # 105  
Miami-F1 33135

2140 W Flagler St  
Suite # 105  
Miami-F1 33135

3. Date Incorporated  
**08/15/94**

Qualified 3a. Date of Last Report

Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0514625**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status  
6. Election to Report  
Trust Fund

City & State

City & State

8. This corporation  
Florida Statutes

Zip

Country

Zip

Country

liability for intangible tax under 194.032.  
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Emilio Rodriguez  
719 N.W. 1 St St # 13  
Miami-F1 33128

81 Name

82 Street Address (P.O. Box Number)

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby certify that 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 reappointing.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES

TITLE P/S ☐ DELETE

NAME Emilio Rodriguez  
STREET ADDRESS 719 N.W. 1 St # 13  
CITY-ST-ZIP Miami-F1 33135

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**800001807578**  
**-05/04/96--01004--015**  
**\*\*\*200.00**

for the purpose of changing its registered agent or the appointment of its registered agent, I am

**04/26/96**

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Emilio Rodriguez*

Emilio Rodriguez

4/26/96

(305) 644-1364