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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000065929 (9)

FILED Jan 15 1998 8:00am Secretary of State

Principal Place of Business  SSO MY 7HT AVENUE MAM R. 33188  2. Principal Place of Business  SSO MY 7HT AVENUE MAM R. 33188  2. Principal Place of Business  3. Address  3. Do NOT WRITE IN THIS SPACE  3. Principal Place of Business  3. Solit, Apt. 8, etc.  3. Solit, Apt. 8,	AMERICAN LAB. AND MEDICAL EQUIPMENT, INC.								
SSO NW 78TH AVENUE  MAMA FL 33188  BIS  BIS  BIS  BIS  BIS  BIS  BIS  B	Debated Gloss of Dustress						_		
MAM FL 33168 US  Silver April 1, 33168 US  Silver April 224  2. Principal Place of Business  2. A Mailing Address  2. Principal Place of Business  Silver April 4, etc.  2. Principal Place of Business  Silver April 4, etc.  Solice April 4, etc	'								
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Principal Pilace of Buelness   2a. Mailing Address   4. FEI Number   Agelled For   21   26   36   36   36   36   36   36   36							DO NOT WRITE IN THIS	SPACE	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   65-0527931   Not Applied For							3. Date Incorporated or Qualified		
Suite, Apt. 6, etc.  Suite, Ap							09/02/1994		
Suite, Apt. 8, etcSuite, Apt. 8, etcSuite, Apt. 8, etc	2. Principal F	Place of Business	2a. Mailing Address			<b></b>	4- FEI Number	A	pplied For
S. Certificate of Status Desired   Fee Required   Fee Required   23   City & State   20   City & State   23   Country   23   Country   25   Country   25   Country   25   S. This corporation was or has pald the current registered Agent   10. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Name   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Name   Name and Address of New Registered Agent   Name and Address of N	21						65-0527931		
City & State		. #, etc.					5. Certificate of Status Desired		
23									·
Zip Country 2p 30 90 Personal Property Tax dau Justine 30   we   No   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and New Registered Agent   10. Name and Address of New Registered   10. Name and New Re		te							
24					itru				
P. Name and Address of Current Registered Agent  MAAS, JOHN P ESQ 44 NE 16TH ST HOMESTEAD FL 33030  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Bridge Shautes.  85 City Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  81 Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Address (P.O. Box Number is Not Acceptable)  84 City  85 Address (P.O. Box Number is Not Acceptable)  85 Address (P.O. Box Number is Not Acceptable)  86 City Street Address (P.O. Box Number is Not Acceptable)  87 Address (P.O. Box Number is Not Acceptable)  88 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  89 Address (P.O. Box Number is Not Acceptable)  80 Address (P.O. Box Number is Not Acceptable)  81 Address (P.O. Box Number is Not Acceptable)  82 Address (P.O. Box Number is Not Acceptable)  82 Interest Address (P.O. Box Number is Not Acceptable)  83 Address (P.O. Box Number is Not Acceptable)  84 Address (P.O. Box Number is Not Acceptable)  85 Address (P.O. Box Number is Not Acceptable)  85 Address (P.O. Box Number is Not Acceptable)  86 Address (P.O. Box Number is Not Acceptable)  87 Interest Address (P.O. Box Number is	<del></del>	<b>—</b>	a '		<del>-</del>		1		
MAAS, JOHN P ESQ 44 NE 16TH ST HOMESTEAD FL 33030  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 City FL 86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Zip Code  84 Zip Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code	24			30					
44 NE 16TH ST HOMESTEAD FL 33030  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 95 Zip Code  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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  81GNATURE Signature, tops or private name of imprised agent and life it applicable.  912. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1712. PROVIDE ARETUO, RODOLFO A 12.NME ARETUO, RODOLFO A 12.NME 15406 SW 95TH ST 13. SIRTET ADDRESS CITY-ST-2P  1714. ARETUO, GEORGINA 15406 SW 95TH ST 22. NME ARETUO, GEORGINA 15406 SW 95TH ST 23. SIRTET ADDRESS CITY-ST-2P  1714. DELETE 11.111. 1715. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1716. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1717. ST-2P  1718. ARETUO, GEORGINA 15406 SW 95TH ST 23. SIRTET ADDRESS 15407-ST-2P  1714. DELETE 11.111. 1715. DELETE 11.111. 1716. DELETE 11.111. 1717. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1718. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1719. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1719. ARETUO, GEORGINA 15406 SW 95TH ST 23. SIRTET ADDRESS 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1718. ARETUO, GEORGINA 15406 SW 95TH ST 23. SIRTET ADDRESS 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1719. ARETUO, GEORGINA 15406 SW 95TH ST 23. SIRTET ADDRESS 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1719. ARETURE ADDRESS 25. SIRTET A	14			- 1	81	Name			
HOMESTEAD FL 33030    84   City   FL   St   Zip Code	1	The state of the s		-					
B3   B4   City				1	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
The Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, or both and accept the obligations of, Section 607,0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept the obligations of, Section 607,0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, or both accept the appointment as registered accept the corporation's board of directors. I hereby accept the appointment as registered a	1	DINEO154D   6 30000		7	83			<u> </u>	
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SIGNATURE   Signature, typed or perioder agend and title if applicable   (NOTE Repostered Agent signature required whon reintratishing)   DATE	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ove-	-named corpo		f changing	its registered
SIGNATURE   Signature, typed or perioder agend and title if applicable   (NOTE Repostered Agent signature required whon reintratishing)   DATE	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, 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, 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, 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, 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, or both, in the State of Florida. Such change was authorized by the corporation of the state of Florida accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation of the state of Florida accept the appointment as registered agent, or both, in the State of Florida accept the appointment as registered agent.								
Signature, typed or printed name of inequisted against and life if applicables. (NOTE. Replicators) (Against signature required whon reheating)   DATE		an tantilar with, and accept the conf	galloris or, Section 607.0505, Fit	Jilda Statu	iles.	•			
TILE P DELETE 1.1 TILE P DELETE 1.1 TILE DELET	SIGNATURE	Signature, lyped or printed name of registered an	ent and title if applicable. (NOT	E. Registered	Agen	nt signature required	t when reinstating) DATE		<del></del>
NAME   ARETUO, RODOLFO A   12 NAME   13 STREET ADDRESS   15406 SW 95TH ST   13 STREET ADDRESS   14 CITY-ST-2P	12.				_			D DIRECTO	RS IN 12
STREET ADDRESS	TITLE	P	☐ DELETE	1.1 TITL	1.1 TITLE			Change	Addition
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TITLE	STREET ADDRESS	15406 SW 95TH ST		1,3 STR	1.3 STREET ADDRESS				
NAME   ARETUO, GEORGINA   15406 SW 95TH ST   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL		1.4 C(T)	1.4 CITY ST ZIP				
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A CITY-ST-ZIP	NAME			4. 2 NAN	VΙΕ				
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0234620