SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:45

DOCUMENT # **P94000081638 (6)**

1. Corporation Name
ALPINA MEDICAL EQUIPMENT, INC.

Principal Place of Business
~~10280 SW 44 ST~~
MIAMI FL 33165

Mailing Address
~~10280 SW 44 ST~~
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8270 NW So. River Dr	26 8270 NW So. River Dr.
Suite, Apt., #, etc.	Suite, Apt., #, etc.
22 Medley, Fl.	27 Medley, Fl.
City & State	City & State
23 33166	28
24 Zip 33166 — 25 Country U.S.A.	29 Zip 33166 — 30 Country U.S.A.

4. FEI Number: 65-0583444 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

GONZALEZ, FERNANDO M
10280 SW 44 ST
MIAMI FL 33165

10. Name and Address of New Registered Agent

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 607.0502 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, FERNANDO M
STREET ADDRESS	10280 SW 44 ST
CITY ST ZIP	MIAMI FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	TREASURER	☐ Change ☒ Addition
22 NAME	GISEIA GONZAlez	
23 STREET ADDRESS	8270 NW So. RIVER DR	
24 CITY ST ZIP	Medley, Fl. 33166	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (3/95)

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: [signature] 7-10-95 305-863-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065634 CP