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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	
DOCUMENT	#

P94000091322 (5)

	J MEDICAL EQUIPMENTS,						
Principal Place o		Mailing Address 861 W, 67TH ST.					
861 W. 67TH HIALEAH FL		HIALEAH FL 33012					
				3. Date Incorporated or Qualified 12/19/1994	3a. Date of	7/12/19	95
. Principal Plac	te of Business	2a. Mailing Address		4. FEI Number 65-0540627 - 65	Costhin		oplied For ot Applicable
1 /6857 Suite, Apt. #,	$\frac{1}{1}$ etc. $\frac{1}{1}$	Suite, Apt. #, etc.	<u> </u>	Cortificate of Status Desired		\$8.75	Additional equired
City & State	inci , Anil.	City & State	R.	Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zip 3305	Country	78.2.40	Country le.	8. This corporation has liability for Florida Statutes Ye			
15 705	g. Name and Address of Currer			10. Name and Address of New	Registered Ag	gent	
			81 Name				
DE ARM	MAS, CECILIA L		82 Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
	67TH ST. NH FL 33012		83				
HINLEN	WITE 05012		84 City			85 Zip	Code
				ration submits this statement for the p	FL		
or registere	d agent, or both, in the State of Flore	ida, Sioch Phan go was authorized Iron 607 #305, Horida Statutes.	by the corporation's boar	rd of directors. I hereby accept the ap	pointinent as re	gistorico.	- 3-
or registere familiar with	signature, typed or printed name of registered agon	da Sider (nan go yas aumonzed tron 607 8005 Horida Statutes. It and star (nappleable (NOTE:	Dy the corporation is boar Registered Agent signature require	and on directions, it hereby accept the ap	4/29 DATE	/	•
or registere familiar with	signature, typed or printed name of registered agon	ida Sitter Phange was authorized tran 607 3005 Horida Statutes.	by the corporation's boar	rg of directors. Thereby accept the ap	4/2-9 DATE	/	•
or registere familiar with	ognature, typed or priviled name of registered agent OFFICERS AN PD DE ARMAS, CECILIA L	ida Statut gnangerylas authorized kon 607 505 Horida Statutes ut end teir if engiciable (NOTE: ID DIRECTORS	Expositered Agont signature require	and on directions, it hereby accept the ap	4/2-9 DATE	DIRECTO	RS IN 12
or registere familiar with SIGNATURE S12.	PD DE ARMAS, CECILIA L 861 W. 67TH ST.	ida Statut gnangerylas authorized kon 607 505 Horida Statutes ut end teir if engiciable (NOTE: ID DIRECTORS	: Rogistered Agont signature require 13. 1.1 TITLE	and on directions, it hereby accept the ap	4/2-9 DATE	DIRECTO	RS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. 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 arreddress.

SIGNATURE: 2

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

129/96 30562274/6 Date Deposite Proce #