

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 # P94000092967 (6)

1. Corporation Name

RX MEDICAL EQUIPMENT, INC.



Principal Place of Business

**4482 NW 180TH STREET
MIAMI FL 33055**

Mailing Address

**4482 NW 180TH STREET
MIAMI FL 33055**

2. Principal Place of Business

2a. Mailing Address

21 **7750 W 24TH AVE**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 19B**

27

City & State

City & State

23 **Hialeah, FL**

28

Zip

Country

Zip

Country

24 **33016**

25

29

30

9. Name and Address of Current Registered Agent

**RODRIGUEZ, RODOBERTO
4482 N.W. 180TH STREET
HIALEAH FL 33055**

3. Date Incorporated or Qualified
12/27/1994

3a. Date of Last Report
04/24/1994

4. FEI Number
65-0543418

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

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, Title or printed name of registered agent and the filer, please)

(Name, Title or printed name of registered agent and the filer, please)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ DELETE
NAME **RODRIGUEZ, RODOBERTO**
STREET ADDRESS **4482 N.W. 180TH STREET**
CITY - ST - ZIP **HIALEAH FL 33016**

TITLE **D** ☒ DELETE
NAME **MIRANDA, CARLOS**
STREET ADDRESS **P.O. BOX 3478 N/A**
CITY - ST - ZIP **HIALEAH FL 33013**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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: *Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96
DATE

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CR2E034 (12/95)