

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

APPROVED
AND
FILED

96 MAY 24 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000001448

1. Corporation Name

WORLD MEDICAL EQUIPMENT, INC

Principal Place of Business

7700 W 24 AVE
SUITE # 8
HIALEAH, FL 33016

Mailing Address

7700 W 24 AVE
SUITE #8
HIALEAH, FL 33016

3. Date Incorporated or Qualified
JANUARY 6, 1995

3a. Date of Last Report

4. FEI Number

65-0578671

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENE HERNANDEZ, JR.
2495 WEST 80 STREET
BAY 1
HIALEAH, FL 33016

81

Name

GLORIA E. ALAYON

82

Street Address (P.O. Box Number is Not Acceptable)

7700 WEST 24 AVE

83

Suite, Apt. #, etc.

SUITE # 8

84

City

HIALEAH

FL

85 Zip Code

33016

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 fee, if applicable

GLORIA E. ALAYON

05/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☒ DELETE
NAME RENE HERNANDEZ, JR.
STREET ADDRESS 2495 WEST 80 STREET BAY 1
CITY - ST - ZIP HIALEAH, FL 33016

1 TITLE PVST ☒ Change ☐ Addition
2 NAME GLORIA E. ALAYON
3 STREET ADDRESS 7700 WEST 24 AVE #8
4 CITY - ST - ZIP HIALEAH, FL 33016

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

9 TITLE ☐ Change ☐ Addition
10 NAME
11 STREET ADDRESS
12 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 TITLE ☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

17 TITLE ☐ Change ☐ Addition
18 NAME
19 STREET ADDRESS
20 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA E. ALAYON

05/22/96

Date

(305) 821-4984

Telephone Number

CR2E034 (12/95)