

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 # P95000001866 (9)

1. Corporation Name

OPTIMA MEDIC EQUIPMENT IMPORT & EXPORT CORP.



Principal Place of Business

Mailing Address

~~6595 NW 36TH STREET STE. 320-A~~
VIRGINIA GARDENS FL 33166

6595 NW 36TH STREET STE. 320-A
VIRGINIA GARDENS FL 33166

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7455 W Flagler St

26 Suite, Apt. #, etc.

22 A

27 Suite, Apt. #, etc.

23 City & State MIAMI FLORIDA

28 City & State

24 Zip 33144

25 Country DADE

29 Zip

30 Country

4. FEI Number

65-0544879

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

10. Name and Address of New Registered Agent

DEL VALLE, MANUEL E

VIRGINIA GARDENS FL 33166

81 Name

Manuel del Valle

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

800 SW 104th Ct #204

83

84 City

Miami

FL

85 Zip Code

33194

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 ☐ DELETE

NAME DEL VALLE, MANUEL E
STREET ADDRESS ~~6595 NW 36TH STREET STE. 320-A~~
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

TITLE VSD ☒ DELETE

NAME REBULL, ISABEL M
STREET ADDRESS 6595 NW 36TH STREET STE. 320-A
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

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

800 SW 104th Ct #204
MIAMI FL 33194

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: *Manuel del Valle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96
Date

Daytime Phone #

CR2E034 (12/95)