

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000003664 (6)**

1. Corporation Name

PARKER MEDICAL EQUIPMENT, INC.

Principal Place of Business

275 FOUNTAIN BLEAU BLVD
#180
MIAMI FL 33172
US

Mailing Address

275 FOUNTAIN BLEAU BLVD
#180
MIAMI FL 33172
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CABRERA, RAUL D
4201 S.W. 11TH ST.
MIAMI FL 33134**

61 Name

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

63

64 City

FL **65** Zip Code

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **ROIG, JOSE M**
STREET ADDRESS **275 FOUNTAIN BLEAU BLVD, #180**
CITY-ST-ZIP **MIAMI FL**

DELETE

11. TITLE

D

Change

Addition

12. NAME

Roig, Jose M

13. STREET ADDRESS

1901 S.W 1st Street # 208

14. CITY-ST-ZIP

Miami, FL 33135

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

21. TITLE

21

Change

Addition

22. NAME

22

23. STREET ADDRESS

23

24. CITY-ST-ZIP

24

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

31. TITLE

31

Change

Addition

32. NAME

32

33. STREET ADDRESS

33

34. CITY-ST-ZIP

34

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41. TITLE

41

Change

Addition

42. NAME

42

43. STREET ADDRESS

43

44. CITY-ST-ZIP

44

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51. TITLE

51

Change

Addition

52. NAME

52

53. STREET ADDRESS

53

54. CITY-ST-ZIP

54

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61. TITLE

61

Change

Addition

62. NAME

62

63. STREET ADDRESS

63

64. CITY-ST-ZIP

64

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a trustee or a 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

FILED
Jan 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

65-0552203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

CR2E034 (10/97)