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

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P95000004152

1. Corporation Name
ALAMEDA MEDICAL EQUIPMENT, CORP.

[redacted]

Principal Place of Business	Mailing Address
285 N.W. 27th Ave, #10 MIAMI, FL. 33125	285 N.W. 27th Ave, #10 MIAMI, FL. 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/17/95

2. Principal Place of Business	2a. Mailing Address
21 2151 LeJeune Rd	26 2151 LeJeune Rd
22 Suite, Apt. #, etc. Mezz	27 Suite, Apt. #, etc. Mezz
23 City & State Coral Gables, Fl.	28 City & State Coral Gables, Fl
24 Zip 33134 25 Country	29 Zip 33134 30 Country

4. FEI Number: 65-0547227 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUIZ, MARLEN 6417 S.W. 15th Street MIAMI, FL. 33144	81 Name: J. EVERETT WILSON 82 Street Address (P.O. Box Number is Not Acceptable): WILSON & SUAREZ 83: 2151 LeJeune Rd, Mezz 84 City: Coral Gables FL 85 Zip Code: 33134

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: J. EVERETT WILSON — 4/30/98
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	PD	☐ DELETE	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	RUIZ, MARLEN		1.2 NAME	FRANCISCO FERNANDEZ	
STREET ADDRESS	6417 S.W. 15th Street		1.3 STREET ADDRESS	C/O WILSON & SUAREZ	
CITY-ST-ZIP	MIAMI, FL. 33144		1.4 CITY-ST-ZIP	2151 LeJeune Rd, Mezz, Coral Gables, Fl.	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 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 REQUIRED — FRANCISCO FERNANDEZ, DIRECTOR — 4/30/98 — (305) 446-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177819