

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

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May 06, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P95000009750

1. Corporation Name  
PACIFIC MEDICAL RENTAL EQUIPMENT CORP.

Principal Place of Business  
5757 S.W. 8TH STREET  
MIAMI FL 33144

Mailing Address  
P.O. BOX 166241  
MIAMI FL 33116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 SE 11 ST. Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 166241 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/06/1995	
22 City & State 23 Hialeah FL		27 City & State 28 Miami FL		4. FEI Number 65-0567088 Applied For Not Applicable	
24 33010 Country 25 USA		29 33116 Country 30 USA		5. Certificate of Status Desired X \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MAIZA, JULIO 11270 N.W. 17TH AVENUE MIAMI FL 33167		10. Name and Address of New Registered Agent 81 Name Daymi Blain 82 Street Address (P.O. Box Number is Not Acceptable) 12384 SW 252 Terr. 83 84 City Miami FL 85 Zip Code 33032			
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	P	1.1 TITLE	P.
NAME	DUSSAN, DAYMI	1.2 NAME	Daymi Blain
STREET ADDRESS	12384 SW 252 TERR	1.3 STREET ADDRESS	12384 SW 252 Terr.
CITY-ST-ZIP	MIAMI FL 33032	1.4 CITY-ST-ZIP	Miami FL 33032
TITLE	P	2.1 TITLE	
NAME	MAIZA, JULIO	2.2 NAME	
STREET ADDRESS	11270 N.W. 17TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Daymi Blain

Date

Daytime Phone #

4/26/99 305-887-1136

CR2E034 (11/98)