FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morti am Secretary of State

D001:	1996	DIVISION OF	CORPORATIONS			
1. Corporatio	MENT # P95(n Name RENTAL MEDICAL EQUIR)00009762 (2 PMENT INC.	?)			
	Weblock Eddi	WEITT IIO		E J ê ê n a di na 1ê na 1ê na 1 ê na 1ê	## ##### ##### ##### ##### ##### ##### ####	
Principal Place	e of Business	Mailing Address				
2354 S.W. 8TH STREET MIAMI FL 33135			2354 S.W. 8TH STREET			
		MIAMI FL 33135				
- O				3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report	
	ace of Business A SW 12 AVE	2a. Mailing Address	5W 12 AVE (4. FEI Number 65055	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	JW TEADL		\$9.75 Additional	
City & State	314-A	City & State		5. Certificate of Status Decired	Fee Required	
3 ///. • Zip	ARU' FL	28 M' (AMI)	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
4 331	130 25 DADE	Zip 29 33130	Country 30 ALDE	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032,	
	9. Name and Address of Cur	rrent Registered Agent	30 32 713 6	10. Name and Address of New I		
MADOLI	E7		81 Name			
MARQUEZ, JESUS F 2354 S.W. 8TH STREET			82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	L 33135		83			
			84 City		85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.0	502 and 607 1508. Florida Statute		tion submits this statement for the pu	FL	
or registere familiar wit	ed agent, or both, in the State of F h, and accept the obligations of, S	lorida. Such change was authorize ection 607.0505, Florida Statutes.	by the corporation's board	ition submits this statement for the pu I of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am	
SIGNATURE _	Const					
12.		AND DIRECTORS	E: Registered Agent signature required 13.	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1. 1 TITLE		Change Addition	
NAME STREET ADDRESS	MARQUEZ, JESUS F 2354 S.W. 8TH STREET		1.2 NAME			
CITY-ST-ZIP	MIAMI FL 33135		1.3 STREET ADDRESS 1.4 CHTY+ST-ZIP			
TITLE	VD	☐ DELETE	2 1 TITLE		Change Addition	
NAME	MARQUEZ, ANDREA D 2354 S.W. 8TH STREET		2.2 NAME			
STHEET ADDRESS CITY-ST-ZIP	MIAMI FL 33135		2.3 STREET ADDRESS			
ITLE	STD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	
IAME	GOMEZ, MERCEDES		3.2 NAME		El avando El recoulou	
TREET ADDRESS	2354 S.W. 8TH STREET MIAMI FL 33135		3.3. STREET ADDRESS			
ITY-S1-ZIP	MICANI I E 00 100	DELETE	3.4 CITY - ST - ZIP 4. 1ETITLE			
IAME			4.2 IAME		Change Addition	
TREET ADDRESS			4.3 STREET ADDRESS	00000100	11040	
ITY-ST-ZIP ITLE		DELETE	4.4 ITY-ST-ZIP	00000180 04/30/96010 ***200.00	52034	
AME		[*] pereic	5. THE 5.2 AME	***200.00	Change Addition	
TREET ADDRESS			5.3 TREET ADDRESS		į	
ITY-ST-ZIP			5.4 TY-ST-ZIP			
AME		☐ DELETE	6. TITLE		Change Addition	
TREET ADDRESS			6.2 AME 6.3 REET ADDRESS		\(\frac{1}{1}\) \(\frac{1}{1}\)	
HY-ST-ZIP			64 IFY-ST-71P		/ 4.1	
oath; that I	certify that the information supplie the information indicated on this are am an officer or director of the corp Block 12 or Block 13 if changed a	nual report or supplemental appur	al reports true and accurate	the exemption stated in Section 119.0 and that my signature shall have the report as required by Chapter 607, Fig.	came local offect on if made	

SIGNATURE: >

VPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

3-26-74 (305)644-1358

Date Daytine Prone #