

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 08 1997 8:00am
Secretary of State

DOCUMENT # P95000011154 (8)

1. Corporation Name
NABCO MEDICAL EQUIPMENT, INC.



Principal Place of Business

9403 S.W. 76TH ST., #Y-21
MIAMI FL 33173

Mailing Address

9403 S.W. 76TH ST., #Y-21
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/09/1995 3a. Date of Last Report 05/01/1996

4. FEI Number 65-0575097 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

2. Principal Place of Business

21 1555 NE 121 ST

Suite, Apt. #, etc.

22 Suite 311

City & State

23 North Miami, FL

Zip

24 33161

Country

25 USA

2a. Mailing Address

26 1555 NE 121 ST

Suite, Apt. #, etc.

27 Suite 311

City & State

28 North Miami FL

Zip

29 33161

Country

30 USA

9. Name and Address of Current Registered Agent

MALDONADO, NORMAN M
9403 S.W. 76TH ST., #Y-21
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name Maldonado, Norman M
82 Street Address (P.O. Box Number is Not Acceptable) 1555 NE 121 ST #311
83
84 City North Miami FL 85 Zip Code 33161

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 GUZMAN, NELLY
STREET ADDRESS 9403 S.W. 76TH ST., #Y-21
CITY-ST-ZIP MIAMI FL 33173

TITLE VSD ☐ DELETE

NAME MALDONADO, NORMAN M
STREET ADDRESS 9403 S.W. 76TH ST., #Y-21
CITY-ST-ZIP MIAMI FL 33173

TITLE TD ☐ DELETE

NAME MALDONADO, JANELLA
STREET ADDRESS 9403 S.W. 76TH ST., #Y-21
CITY-ST-ZIP MIAMI FL 33173

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 PD ☒ Change ☐ Addition

1.2 NAME Guzman Nelly
1.3 STREET ADDRESS 1555 NE 121 ST #311
1.4 CITY-ST-ZIP North Miami, FL 33161

2.1 TITLE VSD ☒ Change ☐ Addition

2.2 NAME Maldonado Norman M
2.3 STREET ADDRESS 1555 NE 121 ST #311
2.4 CITY-ST-ZIP North Miami, FL 33161

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Maldonado Janella
3.3 STREET ADDRESS 1555 NE 121 ST #311
3.4 CITY-ST-ZIP North Miami, FL 33161

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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] 9/1/97 (enc) 092-111311

CR2E034 (4/97)