


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90063 028 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012554

1. Corporation Name
RESPIRATORY RX SOLUTIONS, INC

Principal Place of Business
3363 NW 168TH STREET
MIAMI FL 33056

Mailing Address
3363 NW 168TH STREET
MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1995

4. FEI Number
65-0574992

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 2334 NE 2nd AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FLORIDA Zip 24 33137 Country 25 USA	2a. Mailing Address 26 2334 NE 2nd AVE. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FLORIDA Zip 29 33137 Country 30 USA
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9. Name and Address of Current Registered Agent

NOBOA, LEONIDAS
3363 NW 168TH STREET
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name NORMA PEREZ
82 Street Address (P.O. Box Number is Not Acceptable) 5827 SW 2nd TERRACE
83
84 City MIAMI
85 Zip Code FL 33144

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  NORMA PEREZ P/S 1-26-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	RICH, HOWARD
STREET ADDRESS	5009 NW 97 DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	NOBOA, LEO
STREET ADDRESS	25 EDMUND ROAD
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/S PEREZ, NORMA
1.3 STREET ADDRESS	5827 SW 2nd TERRACE
1.4 CITY-ST-ZIP	MIAMI, FL 33144
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  NORMA PEREZ P/S 1-26-99 305-576-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)