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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	1996		retary of State OF CORPORATIONS		
1. Corpor		000016756 (5)		
LA	M & M MEDICAL EQUIPME	INT CORP.			
<u> </u>)	1 2011 Abill Hill 1900 B aria Hill Baria Baria Baria Baria
	Place of Business	Mailing Address			
7105 S.V Suite 2 Miami F		7105 S.W. 8TH ST. Suite 204 Miami Fl 33144			
2. Principa	al Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report
21		26		4. FEI Number	Applied For
Suite, A 22	pt. #, etc.	Suite, Apt. #, etc.		65-0563266	Not Applicable
City & S	State	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	Country	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
24	25	Z _i p	Country 30	8. This corporation has liability for in	Added to Fees stangible tax under s 199,032
	Name and Address of Cur	rrent Registered Agent	[30]	rionda Statutes Yes	□No
	FRINOISS		81 Name	10. Name and Address of New Re	gistered Agent
LAM, 7105	FRANCISCO S.W. 8TH ST.		62 Street Add	ress (P.O. Box Number is Not Acceptable	
SUITE			<u> </u>)
	II FL 33144		83		
			84 City		85 Zip Code
 Pursuan or regist 	nt to the provisions of Sections 607.05	502 and 607.1508, Florida Statut-	es, the above-named como	ation submits this statement for the purpord of directors. I hereby accept the appoint	
familiar v	with, and accept the obligations of, Se	orida. Such change was authoriza action 607.0505, Florida Statutes	ed by the corporation's boar	ration submits this statement for the purpord of directors. I hereby accept the appoin	ose of changing its registered office atment as registered agent. Lam.
SIGNATURE					g to again. run
12.	Signature, typed or printed name of registered ag	Pent and title if applicable (NO AND DIRECTORS	TE: Registered Agent signature required		DATE
TITLE	D		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME	LAM, FRANCISCO	□ DELETE	1 1 TITLE		TOTAL DIRECTOR IN 12
STREET ADDRESS	7105 CW/OTH OT CHIEF		1. 1 TITLE 1.2 NAME	•	☐ Change ☐ Addition
	1 144 AME OF THE COLL		1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
	MIAMI F; 33144	204	1.2 NAME		
THTLE	MIAMI F; 33144		1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME	MIAMI F; 33144	204	1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TILE 2.2 NAME		
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oath; that I am an officer or director of the corporation or the receiver or justed empowered to execute this report as required by Chapter 607, Florida Statutes. I further appears in Block 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE: FRANCISCO LAM SIGNATURE AND TYPED OR PRINTED RANGE OF SIGNING OFFICER OR DIRECTOR

J4-22-1996 (305) 266-4661