

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017609 (5)

1. Corporation Name
MEGA MEDICAL EQUIPMENT RENTALS, INC.

Principal Place of Business

5755 W FLAGLER ST.
SUITE 202
MIAMI FL 33144

Mailing Address

5755 W FLAGLER ST.
SUITE 202
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1995

4. FEI Number

65-0561148

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 11401 SW 40 ST

22 Suite, Apt. #, etc. SUITE # 330

23 City & State MIAMI FL

24 Zip 33165

25 County Dade

2a. Mailing Address

26 11401 SW 40 ST

27 Suite, Apt. #, etc. SUITE # 330

28 City & State MIAMI FL

29 Zip 33165

30 County Dade

9. Name and Address of Current Registered Agent

TORRES, FERNANDO
8897 FOUNTAINBLEU BLVD #106
APT. #106
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

James A Thompson

82 Street Address (P.O. Box Number is Not Acceptable)

11401 SW 40 ST

83

SUITE # 330

84 City

MIAMI

FL

85 Zip Code

33165

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 of the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE

NAME TORRES, FERNANDO
STREET ADDRESS 8897 FONTAINEBLEAU BLVD., APT. 106
CITY-ST-ZIP MIAMI FL 33172

TITLE PD ☐ DELETE

NAME ALFONSO, ELDA ZOA
STREET ADDRESS 30720 SW 154 AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME James A Thompson
1.3 STREET ADDRESS 11401 SW 40 ST # 330
1.4 CITY-ST-ZIP MIAMI FL 33165

2.1 TITLE VD ☐ Change ☐ Addition

2.2 NAME Alfonso Elda Z
2.3 STREET ADDRESS 30720 SW 154 AVE
2.4 CITY-ST-ZIP MIAMI FL 33030

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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:   

4/20/98

305 5537100

CR2E034 (10/97)