FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000031086 (8)**

1. Corporation Name
EBRATT'S MEDICAL EQUIPMENT, INC.

Principal Place of Business
~~P.O. BOX 170639~~
~~HIALEAH FL 33017-0639~~

Mailing Address
~~P.O. BOX 170639~~
~~HIALEAH FL 33017-0639~~

3. Date Incorporated or Qualified: 04/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1150 SW 22nd street
Suite, Apt. #, etc. 22: suite #21
City & State 23: Miami Fl.
Zip 24: 33129
Country 25:

2a. Mailing Address
26: 1150 SW 22nd street
Suite, Apt. #, etc. 27: suite #21
City & State 28: Miami Fl.
Zip 29: 33129
Country 30:

4. FEI Number: 65-0574002 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HIDALGO, MARIA E
~~20132 N.W. 82ND AVENUE~~
~~MIAMI FL 33015~~
1150 SW 22nd street
suite #21
Miami Fl. 33129

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 Registered Agent (if not listed as an officer or director) — DATE

12. OFFICERS AND DIRECTORS

		DELETE
TITLE	PD	
NAME	HIDALGO, MARIA E	
STREET ADDRESS	~~20132 N.W. 82ND AVENUE~~	
CITY-ST-ZIP	~~MIAMI FL 33015~~	
TITLE	STD	
NAME	MARTINEZ, FRANCISCA	
STREET ADDRESS	~~2291 S.W. 17TH STREET~~	
CITY-ST-ZIP	~~MIAMI FL 33145~~	
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		
1.3 STREET ADDRESS	6980 NW 179 street apt. Nº 110	
1.4 CITY-ST-ZIP	Miami Fl. 33015	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	6980 NW 179 street Nº 110	
2.4 CITY-ST-ZIP	Miami Fl. 33015	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mario Hidalgo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date: 6/21/96 — Daytime Phone #

CR2E034 (12/95)