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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000032784 (7)

1. Corporation Name
ALL-FLORIDA RESPIRATORY ENTERPRISES, INC.



Principal Place of Business
21452 N.W. 40TH CIR. COURT
MIAMI FL 33055

Mailing Address
21452 N.W. 40TH CIR. COURT
MIAMI FL 33055-1184

2. Principal Place of Business

21 Suite, Apt. #, etc:

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 10550 NW 77 Ct # 207 Suite Apt. #, etc.

27 207 City & State

28 Hialeah, Fl. Zip Country

29 33016 30 Date

3. Date Incorporated or Qualified
04/26/1995

3a. Date of Last Report
03/28/1996

4. FEI Number
65-0575697

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

CONRADO, MARIBEL
21452 N.W. 40TH CIR. COURT
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name
LAURA HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable)
3600 S. State Rd. 7 # 4
83
84 City
Miramar FL 85 Zip Code
33023

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 607.0503, Florida Statutes.

SIGNATURE *Laura Hernandez* President 1-7-97 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONRADO, MARIBEL	
STREET ADDRESS	21452 N.W. 40TH CIR. COURT	
CITY - ST - ZIP	MIAMI FL 33055	
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		
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	PD	
1.3 STREET ADDRESS	LAURA HERNANDEZ	
1.4 CITY - ST - ZIP	3600 S. State Rd. 7 # 4	
2.1 TITLE	Miramar Fl. 33023	<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 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: *Laura Hernandez* President 1-7-97 (301) 825-2372 DATE DAYTIME PHONE #

CR2E034 (9/96)