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

PROFIT: **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90046 029 ***150.00

,	MENT # P9500 MEDICAL RENTAL INC.	0039917						
Principal Place of Business Mailing Address						AN ININ 18118 II	1181 11611 1881 1881	
4471 NW 36 ST 4471 N.W. 36TH ST.								
#101 #101							ن ساده استاد شد	
MIAMI FL 33176					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			7
03		US						
2. Principal P	Place of Business	2a. Mailing Address			05/19/1995 4. FEI Number		Applied For	┨
21			26		65-0618649	⊢	Not Applicable	┨ :
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		<u>_</u>		Additional	1
27					5. Certifcate of Status Desired		Required	1
City & State City & State					6. Election Campaign Financing \$5.00 May Be			1
23	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution	on Added to Fees		
Zip	Country . Zip		Country		8. This corporation owes the current year In		_	
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	ent Registered Agent	8	1 Name	10. Name and Address of New Registered	Agent		┨
GOI	nzalez, rafael		Ľ	- Name	· · · · · · · · · · · · · · · · · · ·			
4471 N.W. 36TH ST.			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		•	
#191			8	3				┨
MIA	MI FL 33176						医脓肿瓣]
			8	4 City	# 1	* 85 Zip	Code '** '**	
l office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607.0505, Flor and the such that is a such that the such that	uthorized b rida Statute	y the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing i	is registered registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECT	ORS IN 12	9
TITLE	D	☐ DELETE	1.1 TITLE		2 - 4, 5 0	☐ Change	Addition	3
NAME	GONZALEZ, RAFAEL		1.2 NAME		,			;
STREET ADDRESS			1.3 STREET ADDRESS				;	Ì
CITY-\$T-ZIP	MIAMI FL 33176		1.4 CITY-	\$T-ZIP				í
TITLE	V	☐ DELETE	2.1 TITLE			Change	Addition	(
NAME	PEREZ, ADA							
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166	□ DELETE	2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME STREET ADDRESS			3.2 NAME					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	19 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14) 14 (14)	* * *	1000	
TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	51-ZIP		Change	☐ Addition	ł
NAME		<u>_</u>	4. 2 NAME			. —		
STREET ADDRESS				TADORESS				
CiTY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE		The state of the s	Change	Addition	-
NAME			5.2 NAME				Í	
STREET ADDRESS	:		5.3 STREE	TADDRESS		*		l
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP			.*	' :
TITLE	•	☐ DELETE	6.1 TITLE			Change	Addition	ŀ
NAME		•	6.2 NAME					
STREET ADDRESS			■ 6.3 STREE	TADDRESS			1	i

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 chapter or on an attachment with an address, with all other like empowered. on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR