

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000040722 (7)

1. Corporation Name

RAM MEDICAL SUPPLY, INC.

Principal Place of Business

10675 S.W. 6TH STREET  
MIAMI FL 33174

Mailing Address

10675 S.W. 6TH STREET  
MIAMI FL 33174



3. Date Incorporated or Qualified

05/23/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0583738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Arnaldo Aguirre

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

10373 S.W. 88 ST #115

83

84 City

MIAMI

FL

85 Zip Code

33176

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 officer 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

*Arnaldo Aguirre*

Signature typed or printed name of registered agent

201b. Registered Agent signature required when resigning

DATE

5-6-96

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change

☐ Addition

1.2 NAME

Arnaldo Aguirre

1.3 STREET ADDRESS

10373 S.W. 88 ST. #115

1.4 CITY - ST - ZIP

Miami FL 33176

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

Arnaldo Aguirre

2.3 STREET ADDRESS

10373 S.W. 88 ST. #115

2.4 CITY - ST - ZIP

Miami FL 33176

3.1 TITLE

D

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

D

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

D

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

D

☐ 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:

*Arnaldo Aguirre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96

DATE

CR2E034 (12/95)