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

FILED
Feb 09, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000046659 (5)**

1. Corporation Name

J & L MEDICAL EQUIPMENT, CORP.

Principal Place of Business
~~7100 SW 8TH STREET~~
~~SUITE #206~~
~~MIAMI FL 33144~~

Mailing Address
~~7405 SW 8TH STREET~~
~~SUITE #206~~
~~MIAMI FL 33144~~

3. Date Incorporated or Qualified: 06/15/1995

3a. Date of Last Report:

2. Principal Place of Business
21 6951 SW 24th Street
22 Suite, Apt. #, etc.
23 City & State: Miami, Fl.
24 Zip: 33155
25 Country: DADE

2a. Mailing Address
26 6951 SW 24th Street
27 Suite, Apt. #, etc.
28 City & State: MIAMI
29 Zip: 33155
30 Country: DADE

4. FEI Number: 65-0592682 ☐ 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

~~SUAREZ, TANIA~~
~~8779 SW 36TH STREET~~
~~MIAMI FL 33165~~

10. Name and Address of New Registered Agent

81 Name: DORIS SILVIA MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1401 SW 84th COURT
83
84 City: MISMI FL 85 Zip Code: 33144

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: _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	~~PSTD~~ ☐ DELETE
NAME	~~SUAREZ, TANIA~~
STREET ADDRESS	~~8779 SW 36TH STREET~~
CITY-ST-ZIP	~~MIAMI FL 33165~~
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSTD	☐ Change	☐ Addition
12 NAME	DORIS SILVIA MARTINEZ		
13 STREET ADDRESS	1401 SW 84th COURT		
14 CITY-ST-ZIP	MIAMI, FL. 33144		
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	800001714008	☐ Change	☐ Addition
32 NAME	-02/13/96--01125--002		
33 STREET ADDRESS	***8.75		
34 CITY-ST-ZIP			
41 TITLE	800001714008	☐ Change	☐ Addition
42 NAME	-02/13/96--01125--003		
43 STREET ADDRESS	***200.00		
44 CITY-ST-ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary furnished and 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: _____ February 3, 1996 305-264-6433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

DORIS SILVIA MARTINEZ