

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 # P95000052786 (7)

1. Corporation Name

ELITECH MEDICAL EQUIPMENT, INC.

Principal Place of Business

13780 S.W. 56TH ST.
SUITE 230
MIAMI FL 33016

Mailing Address

13780 S.W. 56TH ST.
SUITE 230
MIAMI FL 33016



3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8045 NW 36th Street

26 8045 NW 36th Street

4. FEI Number

65-0592325

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 565

27 Suite 565

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

23 Miami FL

28 Miami FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33166

25

29 33166

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIMENEZ, DENIA
13780 S.W. 56TH ST.
SUITE 230
MIAMI FL 33016

81 Name
JIMENEZ-- DENIA

82 Street Address (P.O. Box Number is Not Acceptable)
8045 NW 36th Street

83 Suite 565

84 City
Miami

FL

85 Zip Code
33166

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

Denia Jimenez

DENIA JIMENEZ, PRESIDENT

03/07/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE
NAME JIMENEZ, DENIA
STREET ADDRESS 13780 S.W. 56TH ST., #230
CITY-STATE-ZIP MIAMI FL 33016

1.1 TITLE PSD ☒ Change ☐ Addition
1.2 NAME DENIA JIMENEZ
1.3 STREET ADDRESS 8045 NW 36th ST. #565
1.4 CITY-STATE-ZIP MIAMI FL 33166

TITLE VTD ☐ DELETE
NAME JIMENEZ, ALVARO
STREET ADDRESS 13780 S.W. 56TH ST., #230
CITY-STATE-ZIP MIAMI FL 33016

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME ALVARO JIMENEZ
2.3 STREET ADDRESS 8045 NW 36th ST #565
2.4 CITY-STATE-ZIP MIAMI FL 33166

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE VPD ☐ Change ☒ Addition
3.2 NAME FRANKLIN HIDALGO
3.3 STREET ADDRESS 8045 NW 36th ST #565
3.4 CITY-STATE-ZIP MIAMI FL 33166

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Denia Jimenez

DENIA JIMENEZ, PRESIDENT

03/07/96 (305)477 3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)