

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90052 027 ***158.75

DOCUMENT # P95000054203

1. Corporation Name

BRASAMERICA MEDICAL EQUIPMENT, INC.

Principal Place of Business

151 MAJOR AVE
SUITE C
CORAL GABLES FL 33134
US

Mailing Address

151 MAJOR AVE
SUITE C
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

65-0728739

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 owes the current year Intangible
Personal Property Tax.

☐

☒ No

2. Principal Place of Business

21 3046 Virginia St.

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip 33133

25 Country USA

2a Mailing Address

26 2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

27 Suite 240.

28 City & State

28 Coral Gables, FL 33134.

29 Zip 33134

30 Country USA

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJOR AVE
SUITE C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Gabriel Prats

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

2121 Ponce de Leon Blvd.

83

Suite 240

84 City

Coral Gables

FL

85 Zip Code 33134.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MAFEI, NELSON LUIS C

STREET ADDRESS 151 MAJOR AVE, #C

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VP ☐ DELETE

NAME HORMAN, CYNTHIA

STREET ADDRESS 3046 VIRGINIA ST

CITY-ST-ZIP MIAMI FL 33133

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

1.1 TITLE VP, D, S, T. ☐ Change ☐ Addition

1.2 NAME HORMANN, CINTIA

1.3 STREET ADDRESS 3046 Virginia Street

1.4 CITY-ST-ZIP Miami, FL 33133

2.1 TITLE P, D, C. ☐ Change ☐ Addition

2.2 NAME MAFEI, NELSON LUIS

2.3 STREET ADDRESS 3046 Virginia Street

2.4 CITY-ST-ZIP Miami, FL 33133

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

04-16-99 (305) 567-0840

CR2E034 (11/98)

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