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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000060057 (3)

1. Corporation Name
KAYSER MEDICAL EQUIPMENT, CORP.



Principal Place of Business

Mailing Address

~~275 FOUNTAINEBLEAU
#185
MIAMI FL 33172
US~~

~~5226 NW 7 ST
#B303
MIAMI FL 33126-3380~~

3. Date Incorporated or Qualified
08/03/1995

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 9085 SW 87 Ave.

26 9085 SW 87 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 208

27 208

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33176 USA

Zip Country
33176 USA

4. FEI Number
65-0602835

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

10. Name and Address of New Registered Agent

CARDELLA, JUAN C
5226 NW 7 ST
#B303
MIAMI FL 33126

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME CARDILLA, JUAN C
STREET ADDRESS 5226 NW 7 ST SUITE B303
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE VP-D ☒ Change ☐ Addition
1.2 NAME CARDILLA, JUAN
1.3 STREET ADDRESS 5226 NW 7 ST. STE B303
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33126

TITLE ☒ DELETE
NAME RIZO, DAYAMI
STREET ADDRESS 6850 CORAL WAY, #501A
CITY-ST-ZIP MIAMI FL 33155

2.1 TITLE P-D ☐ Change ☒ Addition
2.2 NAME AIDA RODRIGUEZ
2.3 STREET ADDRESS 1401 COLLINS AVENUE #214
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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 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: *Aida Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97. (JOS) 279-3939.
Date Daytime Phone #

0164782

CR2E034 (9/96)