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 # **P95000061990 (4)**

1. Corporation Name

GOOD HEALTH RENTAL EQUIRMENTS, INC.

Principal Place of Business	Mailing Address
2360 COLLINS AVE. MIAMI FL 33139	2360 COLLINS AVE. MIAMI FL 33139

3. Date Incorporated or Qualified: 08/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1602 ALTON RD
22 Suite, Apt. #, etc: SUITE 12
23 City & State: MIAMI BEACH FL
24 Zip: 33139
25 Country: USA

2a. Mailing Address
26 1602 ALTON RD
27 Suite, Apt. #, etc: SUITE 12
28 City & State: MIAMI BEACH FL
29 Zip: 33139
30 Country: USA

4. FEI Number: 65-0604545 ☐ 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

LIMA, SUSY
6900 BAY DR. APT. 8A
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: LIMA, SUSY
82 Street Address (P.O. Box Number is Not Acceptable): 1602 ALTON RD
83 SUITE 12
84 City: MIAMI BEACH **FL** 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0402 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: Susy Lima — SUSY LIMA — 01/31/96
(Name of New Registered Agent, Typed or Printed) — DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LIMA, SUSY 6900 BAY DR., APT. 8A MIAMI BEACH FL 33141	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPST LIMA, SUSY 1602 ALTON RD SUITE 12 MIAMI BEACH FL 33139	XX Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Susy Lima — SUSY LIMA — 01/31/96 — (305)531-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #