

**CORPORATION
ANNUAL REPORT
1997**



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

FILED
Jun 04 1997 8:00am
Secretary of State

DOCUMENT # P95 0000 63810
Corporation Name **21st Century Medical Equipment, Corp.**

Principal Place of Business Mailing Address
7216 SW 86th #5 **7216 SW 86th #5**
Miami, FL 33144 **Miami, FL 33144**

2. Principal Place of Business 2a. Mailing Address
7216 SW 86th suite #5 **7216 SW 86th**
Suite, Apt. #, etc. Suite, Apt. #, etc.
5 **#5**
City & State City & State
Miami, FL 33144 **Miami, FL 33144**
Zip Country Zip Country
33144 **U.S.** **33144** **U.S.**

3. Date Incorporated or Qualified **8-20-95** 3a. Date of Last Report
4. FEI Number **65-0600542** 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**
6. 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
MARILYN RODRIGUEZ 81. Name
753 E 24 AVE 82. Street Address (P.O. Box Number is Not Acceptable)
HiALEAH, FL 33010 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 **MARILYN RODRIGUEZ** **MARILYN RODRIGUEZ Treasurer** 5-29-94
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO O. RODRIGUEZ	1.2 NAME	
STREET ADDRESS	831 SE 2nd PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	HiALEAH, FL 33010	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN RODRIGUEZ	2.2 NAME	
STREET ADDRESS	831 SE 2nd PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	HiALEAH, FL 33010	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. 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: **Alfredo Rodriguez** **3-10-97** **(305) 865-1850**
Signature, typed or printed name of signing officer or director Date Daytime Phone #
Alfredo Rodriguez