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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

1996

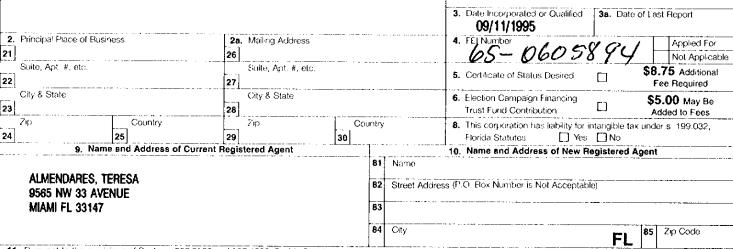
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BEST BUY MEDICAL EQUIPMENT CORP.

Principal Place of Business
P.O. BOX 3291
HIALEAH FL 33013

Maling Address

P.O. BOX 3291 HIALEAH FL 33013



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| 12. | OFFICERS AND D | OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------|--|------------------------|----------------------|---|------------|
| TITLE | D | ☐ DELETE | 1. I TAILE | Change | Addition |
| NAME | ALMENDARES, TERESA | | 1.2 NAME | | |
| STREET ADDRESS | 9565 NW 33 AVENUE | | 1.3 STREET ADDRESS | | |
| City -St - ZiP | MIAMI FL 33147 | | 1.4 CHY+ST+ZIP | | |
| TiTLE | | DELETE | 2 1 TITLE | Change | Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STHEET ADDRESS | | |
| CHTY - ST - ZIP | | | 2.4 CITY - ST - ZIP | | |
| TILE | | ☐ DEFETE | 3 1 TI*LF | ☐ Change | ☐ Add tion |
| NAME | | | 3.2 NAME | | |
| STREET ADORESS | | | 3.3 STREET ADDRESS | | |
| CHY-ST-ZIP | | | 3.4 C(1Y+ST Z(f) | | |
| TITLE | | ☐ DELETE | 4 1 TETLE | Charige | ncitibbA 🔲 |
| NAME | | | 4.2 NAME | | |
| STHEET ADDRESS | | | 4.3 STREET ADDRESS | | |
| C-TY-ST-Z-P | ************************************** | | 4.4 C(1 Y - S1 - 7)F | | |
| 1:11.1 | | DELF1E | 5 1 TITLE | ☐ Change | Addition |
| NAME | | | 5 2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADORESS | | |
| CITY-ST-7IP | | | 5 4 CITY - \$1 - ZIP | | |
| TITLE | | DEFE 1E | 6 1 TIBLE | ☐ Cmange | Addition |
| NAME | | | 6 2 NAMÉ | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CHY-ST-ZIP | | |

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and cloes 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 operation 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

O OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 3/1/96 (305)824-1232