

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 07 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 # P95000072642 (8)

1. Corporation Name
DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP.

Principal Place of Business

2410 EAST 8TH AVENUE
2ND FLOOR
HIALEAH FL 33013

Mailing Address

2410 EAST 8TH AVENUE
2ND FLOOR
HIALEAH FL 33013-4235



2. Principal Place of Business

21 1055 E 4th Ave

Suite, Apt. #, etc.

22 City & State
Hialeah FL

23 Zip
33010

24 Country
DADE

2a. Mailing Address

26 1055 E 4th Ave

Suite, Apt. #, etc.

27 City & State
Hialeah FL

28 Zip
33010

29 Country
DADE

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

05/20/1996

4. FEI Number

65-0608293

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

CABRERA, RICHARD
2410 EAST 8TH AVENUE
2ND FLOOR
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name
Evaristo J. Perez

82 Street Address (P.O. Box Number is Not Acceptable)
390 NW 2nd St

83 # 208

84 City
MIAMI

FL

85 Zip Code
33128

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]

Signature required for change of registered agent and if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSD
CABRERA, RICHARD
2410 EAST 8TH AVENUE, 2ND FLOOR
HIALEAH FL 33013

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

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CITY-STATE-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
PSD
Evaristo J Perez
390 NW 2nd St #208
MIAMI FL 33128

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)