**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 # **P95000073901 (7)**

1. Corporation Name
**TIKI MEDICAL EQUIPMENT CORP.**

Principal Place of Business
~~7105 S.W. 8TH ST.~~
~~SUITE 210B~~
~~MIAMI FL 33144~~

Mailing Address
~~7105 S.W. 8TH ST.~~
~~SUITE 210B~~
~~MIAMI FL 33144~~

3. Date Incorporated or Qualified: 09/25/1995
3a. Date of Last Report:

2. Principal Place of Business
21 13831 SW 59th Street
Suite, Apt. #, etc.
22 Suite #105 D
City & State
23 MIAMI, FL
Zip 24 33183 Country 25 DADE

2a. Mailing Address
26 13831 SW 59th Street
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL.
Zip 29 33183 Country 30 DADE

4. FEI Number: 65-0610108 — 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
~~DE TRINCHERIA, MARIA M~~
~~1850 S.W. 122ND AVE.~~
~~APT. 105~~
~~MIAMI FL 33175~~

10. Name and Address of New Registered Agent
81 Name: DE TRINCHERIA, MARIA M.
82 Street Address (P.O. Box Number is Not Acceptable): 12793 SW 65th Terrace
83
84 City: MIAMI FL 85 Zip Code: 33183

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 the capacity of the signer — IN OF Registered Agent signature required to accept appointment — DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | ~~TRINCHERIA, MARIA M~~ | |
| STREET ADDRESS | ~~1850 S.W. 122ND AVE.~~ | |
| CITY-ST-ZIP | ~~MIAMI FL 33175~~ | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | PD | ☒ Change ☐ Add |
| 1.2 NAME | DE TRINCHERIA, MARIA M. | |
| 1.3 STREET ADDRESS | 12793 SW 65th Terrace | |
| 1.4 CITY-ST-ZIP | Miami, Fl. 33183 | |
| 2.1 TITLE | | ☐ Change ☐ Add |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Add |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Add |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Add |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Add |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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)(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 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:** _____ 06-06-96 (305) 387-8213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)