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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077916 (1)

SST MEDICAL EQUIPMENT INC.

FILED Apr 29 1998 8:00am Secretary of State

|--|--|--|--|

Principal Plac	e of Business Mailing Address			;				
814 S.W. 27TH AVENUE SUITE 209		814 S.W. 27TH AVENUE						
		SUITE 209	SUITE 209					
MIAMI FL 331	135	MIAMI FL 33135			DO NOT WRITE 3. Date incorporated or Qualified	IN THIS S	PACE	
9 Principal P	lace of Business	2a, Mailing Address			10/11/1995 4. FEI Number			
21 21	lace of Business	⊢ ¬					<u> </u>	oplied For
Suite, Apt.	# elc	Suite, Apt. #, etc.			65-0615715			ot Applicable Additional
22	n, 410.	27			Certificate of Status Desired			Additional equired
City & Stat	е	City & State			6. Election Campaign Financing			<u> </u>
23		28			Trust Fund Contribution	\Box		May Be to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has pe	id the curr		
24	25	29	30		Personal Property Tax due June	_] No
	9. Name and Address of Curre	1			10. Name and Address of New Re			
* F	LECHEA; VIGENTA 6		8	1 Name	RITECHEN VICENTIA C			
	3-NW-24TH-AVENUE-		-		ELLECHEA, VICENTA S. ress (P.O. Box Number is Not Acceptat	-1-1		
	MLFL 23125		8			^{ов)} ГЕ 209		
. 5			8	3	STILL ST ATERIORY OUT.	LU 2V2		
							T	
	AA Cha	DONNO CCEO	8	4 City M1	IAMI.	FL	85 Zip	Cod 3 13135
11. Pursuant			es, the abo					
office or r	egistered agent, or both, in the State	e of Foridia. Such aberigowas a	uthorized	by the corpora	poration submits this statement for the patients board of directors. I hereby acception's	ot the appo	pintment as	registered
	an tamiliar with, and accept the bong	Januars at Stiction 507, 1505, 110	mua Statut	es.				
SIGNATURE	Signature, typoid or printed name of registered as	pent and little if applicable (NOTE	Registered A	gent signature regu	ired when reinstaling)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PTSD	DELETE	1.1 TITLE	I D	T/S/D		X Change	Addition
NAME	TELECHEA, VICENTA-S		1.2 NAM				_	
STREET ADDRESS	543 NW 24TH AVENUE		1.3 STRE	ET ADDRESS 8	ELLECHEA, VICENTA S. 14 S.W. 27 AVE, SUITE	209		
CITY-ST-ZIP	MIAMI-FL		•		AMI, FL 33135			
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAM	€]				
STREET ADDRESS			2.3 STRE	ET ADDRESS	1:1	4 4 ,		
CITY-ST-ZIP			2. 4 CITY					
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAM				•	_ ·
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	- I				ļ
TITLE		DELETE	4 1 TITLE				Change	Addition
NAME		-	4. 2 NAM	1			- •	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME		_	5.2 NAMI				- •	
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME		- 	6.2 NAM	- 1		,		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP								
	certify that the information supplied v	with this filing does not qualify fo	f the exem		Section 119.07(3)(i), Florida Statutes, I	further cer	tify that the	information

indicated on this annual report or supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the opporation of 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 charged, or or an attachment with an address