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 # P95000078683

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-05/28/96--01037--010
***225.00

1. Corporation Name
Karibe Medical Equipment, Corp.

Principal Place of Business / Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 1840 W. 49 Street	26 1840 W. 49 Street
22 Suite 719	27 Suite 719
23 Hialeah, FL	28 Hialeah, FL
24 Zip 33012 25 Country USA	29 Zip 33012 30 Country USA

3. Date Incorporated or Qualified: 10-13-95
3a. Date of Last Report:
4. FEI Number: 65-0620306 ☐ 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
Guadalupe Villalonga
1840 W. 49 Street, Suite 719
Hialeah, FL 33012

10. Name and Address of New Registered Agent
81 Name: Guadalupe Villalonga
82 Street Address (P.O. Box Number is Not Acceptable): 1840 W. 49 Street
83 Suite 719
84 City: Hialeah FL 85 Zip Code: 33012

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: X Guadalupe Villalonga Guadalupe Villalonga, Registered Agent
(If changing registered agent, signature of new registered agent required.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Guadalupe Villalonga 1840 W. 49 Street, Suite 719 Hialeah, FL 33012	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lilian Carballo 1840 W. 49 Street, Suite 719 Hialeah, FL 33012	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Xiomara Lopez 1840 W. 49 Street, Suite 719 Hialeah, FL 33012	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary Guadalupe Villalonga 1840 W. 49 Street, Suite 719 Hialeah, FL 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Azalia Lopez 1840 W. 49 Street, Suite 719 Hialeah, FL 33012	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Treasurer Lilian Carballo 1840 W. 49 Street, Suite 719 Hialeah, FL 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	5-28-96 DEB	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: X Guadalupe Villalonga Guadalupe Villalonga, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date