

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000080430 (8)**

1. Corporation Name

ESQUIJAROSA MEDICAL EQUIPMENT, INC.



Principal Place of Business

**1390 S.W. 1ST STREET
NO. 101 F
MIAMI FL 33135**

Mailing Address

**7735 S.W. 32 TERRACE
MIAMI FL 33155**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 **#402 Miami, FL 33172**

27 Suite, Apt. #, etc.

28 **#402 Miami, FL**

29 Zip Country

30 **33172 U.S.A**

3. Date Incorporated or Qualified
10/19/1995

3a. Date of Last Report

4. FEI Number
65-0615608

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

**FERNANDEZ, ABILIO L
7735 S.W. 32ND TERRACE
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (not to exceed 100 characters)

Printed Signature (Agent signature required when necessary)

DW1

12. OFFICERS AND DIRECTORS

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. TITLE	☐ Change ☒ Addition
2. NAME	S
3. STREET ADDRESS	ARNALDO HERNANDEZ
4. CITY - ST - ZIP	8960 NW 8th St #402
5. CITY - ST - ZIP	Miami, FL 33172
6. CITY - ST - ZIP	
7. CITY - ST - ZIP	
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19. CITY - ST - ZIP	
20. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/96 **588-1108**
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