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FILED

Jan 23 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 # P95000082751 (5)

1. Corporation Name

EL AVILENO MEDICAL EQUIPMENT INC.



Principal Place of Business  
5795 WEST FLAGLER ST.  
MIAMI FL 33144

Mailing Address  
5795 WEST FLAGLER ST.  
MIAMI FL 33144-3448

3. Date Incorporated or Qualified  
10/27/1995

3a. Date of Last Report  
06/10/1996

2. Principal Place of Business

21 5784 West Flagler St

2a. Mailing Address

26 5784 West Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33184

Country

25 USA

Zip

29 33184

Country

30 USA

4. FEI Number

65-0616050

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

SANCHEZ, VERONICA  
247 N.W. 57TH COURT  
MIAMI FL 33126

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. 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME SANCHEZ, VERONICA  
STREET ADDRESS 5795 W. FLAGLER ST.  
CITY-ST-ZIP MIAMI FL 33144

TITLE SVD ☐ DELETE  
NAME SANCHEZ, CESARIO  
STREET ADDRESS 5795 W. FLAGLER ST.  
CITY-ST-ZIP MIAMI FL 33144

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 PTD ☒ Change ☐ Addition  
1.2 NAME SANCHEZ, VERONICA  
1.3 STREET ADDRESS 247 NW 57th  
1.4 CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE SVD ☒ Change ☐ Addition  
2.2 NAME SANCHEZ, CESARIO  
2.3 STREET ADDRESS 247 NW 57th  
2.4 CITY-ST-ZIP MIAMI, FL 33126

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

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

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

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

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 of this report, or on an attachment with an address.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (305) 262-3500

Date

Daytime Phone #

0201385

CR2E034 (9/96)