

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000083008 (9)

1. Corporation Name

UNIPLUS MEDICAL EQUIPMENT, INC.

Principal Place of Business

~~2133 WEST FLAGLER STREET~~  
~~MIAMI FL 33135~~

Mailing Address

~~2133 WEST FLAGLER STREET~~  
~~MIAMI FL 33135~~

2. Principal Place of Business

21 175 Fountainbleau Blvd

2a. Mailing Address

26 175 Fountainbleau Blvd

Suite, Apt. #, etc.

22 1A2

Suite, Apt. #, etc.

27 1A2

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33125

Country

25 DADE

Zip

29 33175

Country

30 DADE

9. Name and Address of Current Registered Agent

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~  
~~848 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name RAUL FLORES

82 Street Address (P.O. Box Number is Not Acceptable)  
7701 SW 16 ST

83

84 City

MIAMI, FL

FL

85 Zip Code

33165

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*Raul Flores*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/97

12. OFFICERS AND DIRECTORS

TITLE PSD PSD ☒ DELETE

NAME CAPOTE, NEIDA F  
STREET ADDRESS 2133 WEST FLAGLER STREET  
CITY-ST-ZIP MIAMI FL 33135

TITLE VTD VTD ☒ DELETE

NAME BORROTO, MARITZA I  
STREET ADDRESS 2133 WEST FLAGLER STREET  
CITY-ST-ZIP MIAMI FL 33135

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 PSD ☐ Change ☐ Addition

1.2 NAME RAUL Flores  
1.3 STREET ADDRESS 7701 SW 16 ST  
1.4 CITY-ST-ZIP MIAMI, FL 33155

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 400002255614--2  
2.4 CITY-ST-ZIP -08/01/97--01117--008

3.1 TITLE \*\*\*\*\*550.00 ☐ 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 or Block 13 if changed, or on an attachment with an address.

FILED

97 JUL 31 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1995

3a. Date of Last Report 05/23/1996

4. FEI Number 65-0618348

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 owes or has paid the current year intangible

Personal Property Tax due June 30. ☒ Yes ☐ No

CR2E034 (4/97)