

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 # P95000085807 (2)

1. Corporation Name

ALL HEALTH EQUIPMENT SUPPLIES, INC.



Principal Place of Business

Mailing Address

13471 S.W. 21ST STREET  
MIAMI FL 33175

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MIAMI FL 33175

3. Date Incorporated or Qualified 11/08/1995  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1401 SW 107th. Avenue

26 1401 SW 107th. Avenue

4. FEI Number 65-0620333  
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #301-X

27 Suite #301-X

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State

City & State

23 MIAMI, Florida

28 MIAMI, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33174

25

29 33174

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, TONY  
13471 S.W. 21ST STREET  
MIAMI FL 33175

81 Name Emma Muniz  
82 Street Address (P.O. Box Number is Not Acceptable) 1401 SW 107th. Avenue  
83 Suite #301-X  
84 City MIAMI, FL 85 Zip Code 33174

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

*Emma Muniz*

(Signature of Agent is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	D			<input checked="" type="checkbox"/>
	GONZALEZ, TONY	13471 S.W. 21ST STREET	MIAMI FL 33175	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
P, S, T, D	Emma Muniz	1401 SW 107th. Avenue/Suite #301-X	MIAMI, Florida 33174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Emma Muniz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)