APPROVED
AND
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1997 JUN 30 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000087577

1. Corporation Name
SASHA'S MEDICAL EQUIPMENT CORP.

Principal Place of Business	Mailing Address
1665 W. 68 STREET STE.# 208 HIALEAH, FL. 33014	1665 W. 68 STREET STE.# 208 HIALEAH FL. 33014

2. Principal Place of Business / 2a. Mailing Address — Suite, Apt #, etc. / City & State / Zip / Country (blank)

3. Date Incorporated or Qualified: 11/15/95
3a. Date of Last Report:
4. FEI Number: 65-0619735 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTO MENDEZ
1665 W. 68 ST.,STE.# 208
HIALEAH, FL. 33014

10. Name and Address of New Registered Agent

Name: ROBERTO MENDEZ
Street Address (P.O. Box Number is Not Acceptable): 1665 W. 68 STREET
SUITE # 208
City: HIALEAH FL Zip Code: 33014

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] 04/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T PIA MENDEZ 1665 W. 68 ST.,STE.# 208 HIALEAH,FL. 33014	[X] DELETE	D/P ROBERTO MENDEZ 1665 W. 68 ST.,STE# 208 HIALEAH,FL. 33014 — [X] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P/S ROBERTO MENDEZ Jr. 1665 W. 68 ST.STE.# 208 HIALEAH,FL. 33014	[X] DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	☐ Change ☐ Addition

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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.

SIGNATURE: [signature] 04/30/97 (305) 819-9161