FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000087786 (6)

1. Corporation Name
PARDO MEDICAL EQUIPMENT, INC.

Principal Place of Business
1840 WEST 49 STREET #603-7
HIALEAH FL 33012

Mailing Address
1840 WEST 49 STREET #603-7
HIALEAH FL 33012

2. Principal Place of Business
21 SAME
22 Suite, Apt. #, etc. Suite 711
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc. Suite 711
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report:
4. FEI Number: 65-0622042 ☐ 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
PARDO, ODALYS A
10000 NW 80 COURT #2525
HIALEAH FL 33016

10. Name and Address of New Registered Agent
81 Name: RUTH ROJAS
82 Street Address (P.O. Box Number is Not Acceptable): 5530 NW 175 ST
83
84 City: MIAMI FL 85 Zip Code: 33055

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: Ruth Rojas — Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE: 3-10-96

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	PARDO, ODALYS A	
STREET ADDRESS	10000 NW 80 COURT #2525	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	☐ DELETE
NAME	ROJAS, RUTH	
STREET ADDRESS	5530 NW 175 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
2.2 NAME	ROJAS, RUTH	
2.3 STREET ADDRESS	5530 NW 175 ST.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33055	
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: X Ruth Rojas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/10/96
Daytime Phone #: (305) 430-7335

CR2E034 (12/95)