

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 # P95000093030

1. Corporation Name

TWIN MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

4445 W. 16 AVE
STE. 408 A
HIALEAH, FL 33012

4445 W. 16 AVE
STE 408 A
HIALEAH, FL 33012

2. Principal Place of Business

2a. Mailing Address

21 4445 W. 16 AVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 408 A

27

City & State

City & State

23 HIALEAH, FL

28

Zip

Country

Zip

Country

24 33012

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12-7-95

4. FEI Number

Applied For

✓ 65-0623031

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

LUIS FERNANDEZ
4445 W. 16 AVE #408-A
HIALEAH, FL 33012

81 Name

SAME

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 607.1506, 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]

Signature typed or printed name of registered agent (if the registered agent is a corporation, the name of the corporation)

Date of Filing (Registered Agent signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PP
NAME LUIS FERNANDEZ
STREET ADDRESS 4445 W. 16 AVE #408 A
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VP/D
NAME PEGGY FERNANDEZ
STREET ADDRESS 4445 W. 16 AVE #408 A
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

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

☐ Change

☐ Addition

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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:

[Signature]

LUIS FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96

(305)823-9242

Date

Daytime Phone

CR2E034 (12/95)