FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 7-30-96 B-74889-C

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

DOCUMENT # P95000095279 (2)

1. Corporation Name

PAMIR RENTAL MEDICAL CORP.

Principal Place of Business	Mailing Address
6256 SW 14TH STREET MIAMI FL 33144	6256 SW 14TH STREET MIAMI FL 33144

3. Date Incorporated or Qualified: 12/15/1995

3a. Date of Last Report:

4. FEI Number: 65-0626048 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1840 W 49ST	26 1840 W. 49 ST
22 Suite, Apt. #, etc. 705	27 Suite, Apt. #, etc. 705
23 City & State Hialeah FL	28 City & State Hialeah FL
24 Zip 33012 25 Country USA	29 Zip 33012 30 Country USA

9. Name and Address of Current Registered Agent

VOLTA, MIRTA
6256 SW 14TH STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: Pastor Castillo
82 Street Address (P.O. Box Number is Not Acceptable): 1840 W 49 ST SUITE 705
83
84 City: Hialeah FL 85 Zip Code: 33012

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: PASTOR CASTILLO (Signature, typed or printed name of individual signing on behalf of the corporation) (If the Registered Agent is an individual, the Registered Agent must sign on the line above.) DATE: 07/11/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	VOLTA, MIRTA		1.2 NAME	Pastor Castillo	
STREET ADDRESS	6256 SW 14TH STREET		1.3 STREET ADDRESS	1840 W 49 ST SUITE 705	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	Hialeah FL 33012	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: PASTOR CASTILLO 07/11/96 305-820-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #