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PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000097084 (4)**

1. Corporation Name

**MEDICAL EQUIPMENT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1393 SW 1ST STREET ROOM 104-8<br>MIAMI FL 33135 | 1393 SW 1ST STREET ROOM 104-8<br>MIAMI FL 33135 |

3. Date Incorporated or Qualified: 12/18/1995

3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1901 SW 1 ST - MIAMI - 33135 | 26 P.O. BOX 450083 - MIAMI 33245 |
| Suite, Apt. #, etc<br>22 2ND FLOOR | Suite, Apt. #, etc.<br>27 2ND FLOOR |
| City & State<br>23 MIAMI, FLA | City & State<br>28 MIAMI, FLA |
| Zip / Country<br>24 33135 / 25 USA | Zip / Country<br>29 33245 / 30 USA |

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $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 [X] No

9. Name and Address of Current Registered Agent

**ESQUIJAROSA, PABLO**
**1393 SW 1ST STREET ROOM 104-8**
**MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name: PABLO ESQUIJAROSA
82 Street Address (P.O. Box Number is Not Acceptable): 1901 SW 1 ST.
83
84 City: MIAMI FL 85 Zip Code: 33135

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: PABLO ESQUIJAROSA - DIRECTOR DATE: 8/14/96
(Signature, Typed or Printed Name of Registered Agent and Date Required. Registered Agent Must Sign)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ESQUIJAROSA, PABLO<br>1393 SW 1ST STREET ROOM 104-8<br>MIAMI FL 33135 | [ ] DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | D<br>ESQUIJAROSA, PABLO<br>1901 SW 1 ST - 2ND FLOOR<br>MIAMI, FLA 33135 | [X] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PINEIRO, MANUEL<br>1393 SW 1ST STREET ROOM 104-8<br>MIAMI FL 33135 | [X] DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ESQUIJAROSA, SILVIA<br>1393 SW 1ST STREET ROOM 104-8<br>MIAMI FL 33135 | [X] DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | [redacted] | [ ] Change [X] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | D<br>CARBALLO, ESTANISLAO<br>1901 SW 1 ST - 2ND FLOOR<br>MIAMI, FLA 33135 | [ ] Change [X] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | [ ] DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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)(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:** PABLO ESQUIJAROSA - DIRECTOR 8/14/96 (305) 551-7843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)