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 #

P96000001915

THREE BROTHERS MEDICAL EQUIPMENT INC.

FILED JAN 29 AN II: 58

SECRETARY OF STATE

Principal Place of Business	Mailing Address							
380 East 9 St # 2	, 10550 NW 77 CE #207							
Hialeah, Fl. 33010	HIALEAH FL 33016-2070		4					
			i	Date Incorporated or Qualified	I Se Do	te of Last R	maraman and a constant	1
				Jan. 8, 1996	on. Da	le Oi Last n	est cut]
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		A	plied For]
21 380 East 9 St.	26			65-0630560		No	ot Applicable	
Suite, Apt #, etc	Suite, Apt. #, etc.			6. Certificate of Status Desired	Ū k		Additional	1
22 # 2 City & State	City & State			8. Election Campaign Financing			equired May Be	-
Hialeah, Fl.	28		1	Trust Fund Contribution		7 .	lo Fees	
Zip Country	Zip	Counti	У :	B. This corporation has liability for it	ntangible	lax under s	199.032,	1
24 33010 25 Dade	29	30				No		
g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	pictored /	igent		
		8	Name		197			
Ramiro Ramos			2 Street Ac	dress (P.O. Box Number is Not Acceptable)				
380 East 9 St. # 2			3		- 			-
HIaleah, Fl. 3	3010	_						
		8	City		FL	65 Zip	Code	
11. Pursuant to the provisions of Sections 607,0502	and 607.1508, Florida Statut	les, the abo	ve-named o	orporation submits this statement for the p	urpose of	changing i	ls registered	1
office or registered agent, or both, in the State agent 1 am familiar with, and accept the obliga	of Florida. Such change was a stions of Section 607,0505. Ek	authorized t orida Statut	by the corpo es	ration's board of directors. I hereby accep	4 the appo	oinimeni as	registered	
l ·		onder Grands		•				
SIGNATURE Stockhiller, typed or punted name of registered age:	of and title if applicable. (NOT	E. Registered A	gont eignalure re	quired when reinstating)	DATE		Annual designation of the same	
12. OFFICERS AND	DIRECTORS	18.	:	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO]@
THEE PO	☐ DELETE	1.1 THUE				Change	Addition	96/6)
NAME Ramiro Ramos		1.2 NAMI						×
SHREET ADDRESS 380 East 9 St.	# 2	1.3 STRE	ET ADEVRESS	600 0 020 -01/29/9	729	38-	E	協
CHY-SI-78 Hialeah, Fl. 3	3010	1.4 CITY	- ST- ZIP	-01/29/5	/U1	U51()20	CR2E034
TITLE	DELETE	2.1 TITLE			. 10	Chânde (Jan Addition	70
NAME		2.2 NAM		, i				
STREET ADDRESS		2.3 STRE	ET ADDRESS					ı
CITY - S1 - ZIP			-ST-ZIP					
INF	DELETE	3.1 TITLE			•	Change	☐ Addition	1
NAME		3.2 NAMI						
STREET ADVIRESS			ET ADDRESS	·				
Lity-S1-ZiP		3.4. CITY						
THUE	DELETE	4.1 TITLE				Change	Addition	1
NAME		4.2 NAM	1					
			ET ADDRESS					
STREET ADJACESS								1
CHY-SI-7IP	☐ DELETE	44 CITY 5.1 TITLE				Change	Addition	1
31TLF	LI DILLII	1	1	•		Contraction of the second	Seemed Principles	
NAME		5.2 NAME			* .	-		
STREET ADDRESS			ET ADDRESS					
CITY - ST - ZIP		54 CITY				Channe	12282	-
TILLE	☐ DELETE	6 1 TITLE		•		Change	Addition	
NAME		62 NAM			m	W.		
STREET ADDRESS		63 STRE	ET ADDRESS					
COTY+S1+ZIP		64 CITY	\$1-2IP					
14. I do hereby certify that the information supplied	with this filing does not quali	fy for the ex	emption sta	ted in Section 119.07(3)(i), Florida Statutes	i. I further	certify that	the	.1

report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or porallogor the receiver or trustee empowered to execute this report as required by Chapter 807, Plorida Statutes; and that my name than of property or on an attachment with an address. Lam an officer or director of appears in Block 12 or Block