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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State 7 DIVISION OF CORPORATIONS

1999

DOCUMENT # P9600001915 OK 1. Corporation Name Three Biothers Medical Equipment, INC. FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90023 031 ***150.00

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Principal Place of Business 330 W 957 #6	Mailing Address	+ 41			
	330 W 9 S				
Hialeah Fl 33010	Hialeah F	L 330/0	DO NOT W	RITE IN THIS SPACE	
			3. Date Incorporated or Qualification (%)	ed	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	,	pplied For
21 330 W 9 57	26 330 W	95T	65-0630560	<u></u>	lot Applicable
Suite, Apt. #, etc. 22 6	Suite, Apt. #, etc.	<u> </u>	5. Certifcate of Status Desired	1 1	Additional tequired
City & State 23 Hakah	28 Maleuh	PL			May Be to Fees
Zip Country	Zip	Country	8. This corporation owes the ci		_
74 FL 33010 25 DADE		30 BADE		Yes	□No
9. Name and Address of Cui	rent Registered Agent	81 Name	10. Name and Address of Nev	Registered Agent	
KAMIO RAMOS		81 Name	•		
330 W 9 st Suite #6		82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
	FC #6	83			
Haleah FC 3.	30/0	55			
		84 City		FL ()	Code
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent. I am farmed with and accept the ob- 	0502 and 607.1508, Florida Statute: ate of Florida. Such change was au ligations of, Section 607.0505, Flori	s, the above-named thorized by the corp da Statutes.	d corporation submits this statement for the poration's board of directors. I hereby acc	ne purpose of changing its cept the appointment as re	s registered egistered
CIONATURE (
	ALOTO I			3/0/79	
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14. I Pereby certify that the information supplied with this filing 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. With all other like empowered.

SIGNATURE:

KAMIYO KAMOS SIGNATURE AND TYPED OR PRINTED NAM 3/5/99

(305) 887-7799