FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTME T OF STATE

Secretary of State DIVISION OF CORPORATIONS

1999

)OCUMENT # P916000003818

FILED Sep 07, 1999 8:00 am Secretary of State

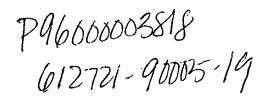
09-07-1999 90005 019 ***158.75

TUHYS LEdical Equipment 1318 E. 4+ AUE Himleph, Fl 33010 Mailing Address Source incipal Place of Business 318 ERRS 4th AUX HiALBA, A 33010 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 4-27-98 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 1318 @ 4th Duce 65-0652797 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing **\$5.00** May Be City & State Trust Fund Contribution Added to Fees 28 Country Zip This corporation owes the current year Intangible ⊠No 25 ODd 360G Personal Property Tax. 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent ossiladan oinizaraH MARIO M. GOMEZ Street Address (P.O. Box Number is Not Acceptable) 3521 N.W. 34 54 Miam, & 33142 83 Zip Code 33142 City Mison 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. SNATURE (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (social ensured Change Change *Addition Dresinen DELETE 1,1 TITLE MARIO A. GOMEZ HELLING CONALISE 1.2 NAME 1318 E. 444 ACE 1318 E. 4th AUE 1,3 STREET ADDRESS FET ADDRESS - FY 33010 1.4 CITY-ST-ZIP Addition ☐ Change DELETE 21 TITLE 2.2 NAME Ε 2.3 STREET ADDRESS ET ADDRESS 2.4 CITY+ST-ZIP -ST-ZIF Change ☐ Addition □ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS ET ADDRESS 3.4. CITY-ST-ZIP -ST-ZIP ☐ Change ☐ Addition ☐ DELETE 41 TILE 4.2 NAME ŧ 4.3 STREET ADDRESS ET ADDRESS 4.4 CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS ET ADDRESS 5.4 CITY-ST-ZIP ST-ZIF Change ☐ Addition DELETE 6.1 TITLE 62 NAME 6.3 STREET ADDRESS FT ADDRESS &4 CITY-ST-ZIP

I hereby 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.

ST-ZIP

CR2E034 (11/98



AUGUST 30,1999

SHAW TUNER
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALAHASSEE, FLORIDA 32314

DEAR MR TUNER:

WE HAVE SENT THIS APPLICATION BECAUSE WITH THE FEE OF \$150.00 DO TO THE FACT THAT TUTTY'S MEDICAL EQUIPMENT NEVER RECEIVED THIS APPLICATION DO TO THE MATTER THAT THE LAWYER APOINTED TO THIS MATTER NEVER DID THE ADDRESS CHANGE.

IF THERES ANYTHING THAT YOU WOULD LIKE FOR ME TO KNOW OUR OFFICE NUMBER IS (305)863-3733.

WE SPOKE WITH A YOUNG LADY BY THE NAME OF WHUTCHINS.

THANK YOU

ERMINIO CABALLERO

PRESIDENT