

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
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DOCUMENT # P96000014211 (2)

1. Corporation Name
ORIETTA MEDICAL EQUIPMENT, INC.

Principal Place of Business

13218 S.W. 8TH STREET
MIAMI FL 33184

Mailing Address

13218 S.W. 8TH STREET
MIAMI FL 33184-1176

2. Principal Place of Business

21 5900 West 20th Avenue

Suite, Apt. #, etc.

22 Suite F

City & State

23 Hialeah, Florida

Zip

24 33016

Country

25 USA

2a. Mailing Address

26 5900 West 20th Avenue

Suite, Apt. #, etc.

27 Suite F

City & State

28 Hialeah, Florida

Zip

29 33016

Country

30 USA

3. Date Incorporated or Qualified
02/15/1996

3a. Date of Last Report

4. FEI Number

65-0641536

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

9. Name and Address of Current Registered Agent

TURBOY, MIGUEL E
13218 S.W. 8TH STREET
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name

Olga Alamo

82 Street Address (P.O. Box Number is Not Acceptable)

5900 West 20th Avenue

83

Suite F

84 City

Hialeah

FL

85 Zip Code

33016

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

Olga Alamo

Olga Alamo

5/16/97

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME PROTUONDO, ORIETTA N
STREET ADDRESS 13218 S.W. 8TH ST.
CITY-ST-ZIP MIAMI FL 33184

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P

☒ Change ☐ Addition

1.2 NAME

Olga Alamo

1.3 STREET ADDRESS

5900 West 20th Avenue, Suite F
Hialeah, Florida 33016

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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****\$50.00 ****\$50.00

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Olga Alamo

Olga Alamo

5/16/97

(905) 364-0830

FILED

97 MAY 19 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)