SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0021827

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 SEP 24 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000014946 (3)**

1. Corporation Name
MED-CO MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
MED-CO MEDICAL EQUI INC 9610 NW 80TH AVE 8-K HIALEAH GDNS FL 33016 US	ZOILA M ROBLEDO 201 W 46TH ST HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1181 WEST 37 ST
Suite, Apt. #, etc.
22
City & State
23 HIALEAH, FLORIDA
Zip 24 33012 Country 25 U.S.A

2a. Mailing Address
26 P.O. BOX 12-7510
Suite, Apt. #, etc.
27
City & State
28 HIALEAH, FLORIDA
Zip 29 33012 Country 30 USA

3. Date Incorporated or Qualified
02/16/1996

4. FEI Number
65-0647764
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ROBLEDO, ZOILA M
201 WEST 46TH STREET
HALEAH FL

10. Name and Address of New Registered Agent
81 Name ROSA Prat
82 Street Address (P.O. Box Number is Not Acceptable) 1181 West 37 St
83
84 City HIALEAH, FLORIDA FL 85 Zip Code 33012

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 X _____ Rosa Prat, President Aug 3, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE: President ☒ Change ☐ Addition
NAME	ROBLEDO, ZOILA M		1.2 NAME: ROSA PRAT
STREET ADDRESS	201 WEST 46TH STREET		1.3 STREET ADDRESS: 1181 WEST 37 ST.
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP: HIALEAH, FLORIDA 33012
TITLE	SD	☒ DELETE	2.1 TITLE: Vice President/Director ☒ Change ☐ Addition
NAME	INFANTE, CELIA M		2.2 NAME: ROSA Prat
STREET ADDRESS	67 EAST 56TH STREET		2.3 STREET ADDRESS: 1181 WEST 37 ST
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP: HIALEAH, FLORIDA 33012
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS: 400002650894--1 -09/29/98--01011--013
CITY-ST-ZIP			3.4 CITY-ST-ZIP: ****550.00 ****550.00
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS: B9/24 9am
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. 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.

SIGNATURE: X _____ Rosa Prat Aug 3, 1998 (305)207-7581

CR2E034 (5/98)