

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON QR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 17 1997 8:00am  
Secretary of State

DOCUMENT # P96000020505 (9)  
1. Corporation Name

TECH MEDICAL PARTS & REPAIRS INC.



Principal Place of Business

Mailing Address

6555 N.W. 36TH ST.  
SUITE B-216  
MIAMI FL 33166

6555 N.W. 36TH ST.  
SUITE B-216  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 5301 West 20 Ave.

26 5301 West 20 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #20

27 #20

City & State

City & State

23 Hialeah, Fl.

28 Hialeah, Fl.

Zip

Country

Zip

Country

24 33012

25

29 33012

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, J R  
6555 N.W. 36TH ST.  
SUITE B-216  
MIAMI FL 33166

81 Name

GARCIA, FELIX

82

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

5301 West 20 Ave.

83

# 20

84

City  
Hialeah

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

08/04/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD

RODRIGUEZ, J R

1725 WEST 60TH ST. #F-207

HIALEAH FL 33012

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SVD

MOLANO, OFELIA

8301 S.W. 142ND AVE. #B-108

MIAMI FL 33183

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PSD

GARCIA, FELIX

5301 West 20 Avenue #20

HIALEAH, FL. 33012

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VTD

GARCIA, LUZ M.

5301 West 20 Avenue # 20

HIALEAH, FL. 33012

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

100002298741  
-09/22/97--01002--028  
\*\*\*8.75

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

000002298740  
-09/22/97--01002--027  
\*\*\*550.00

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; that 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, for on in attachment with an address.

CR2E034 (4/97)