

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000070808 (6)

1. Corporation Name

YAKEL MEDICAL EQUIPMENTS CORP.

Principal Place of Business

Mailing Address

601 SW 57 AVE.  
G  
MIAMI FL 33144  
US

7511 SW 36 ST  
MIAMI FL 33155  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

65-0697452

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

2. Principal Place of Business	2a. Mailing Address
21 601 SW 57 AVE.	26 7511 SW 36 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
22 G	27
23 City & State	28 City & State
23 Miami, FL 33144	28 Miami, FL
24 Zip	29 Zip
24 33144	29 33155
25 Country	30 Country
25 US	30 US

2a. Mailing Address	26 7511 SW 36 ST
27 Suite, Apt. #, etc.	27
28 City & State	28 Miami, FL
29 Zip	29 33155
30 Country	30 US

9. Name and Address of Current Registered Agent

GONZALEZ, TERESA  
7511 SW 36 ST  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 responsibilities 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)

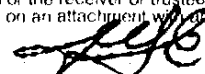
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GONZALEZ, TERESA
STREET ADDRESS	7511 SW 36 TERRACE
CITY-ST-ZIP	MIAMI FL 33155
TITLE	VD
NAME	MORENO, MELVIN
STREET ADDRESS	7511 SW 36 TERRACE
CITY-ST-ZIP	MIAMI FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Gonzalez, Teresa
1.3 STREET ADDRESS	7511 SW 36 ST
1.4 CITY-ST-ZIP	Miami, FL 33155
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	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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:



4/23/98 (309) 264-0666

CR2E034 (10/97)