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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075446 (0)

1. Corporation Name

J. & P. MEDICAL EQUIPMENT ENTERPRISES CORP.

Principal Place of Business

14041 SW 40 TER.  
MIAMI FL 33187

Mailing Address

14041 SW 40 TER.  
MIAMI FL 33175-6434

3. Date Incorporated or Qualified  
09/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 2029 N.W. 20 ST

Suite, Apt. #, etc.

2a. Mailing Address

26 2029 N.W. 20 ST

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 Zip Country

25 33142

27 City & State

28 Miami, FL

29 Zip Country

30 33142

4. FEI Number

65-0712978

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

DONADIO, GUILLERMO  
10810 SW 84 ST., STE. C-6  
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

MARTINEZ, Juan P

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

2029 N.W. 20 Street

83

84 City

Miami

FL

85 Zip Code

33142

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 

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

(NOTE: Registered Agent signature required when reinstating)

3/25/97

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME  
DPST  
MARTINEZ, JUAN P  
STREET ADDRESS  
14041 SW 40 TER.  
CITY-STATE-ZIP  
MIAMI FL 33187

11 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11 TITLE ☐ DELETE

NAME  
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CITY-STATE-ZIP

11 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
2029 N.W. 20 Street  
14 CITY-STATE-ZIP  
Miami, FL 33142

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/97

Daytime Phone #

0236762

CR2E034 (9/96)