

04/19/1999

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NO. 437

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

PROFIT CORPORATION ANNUAL REPORT

1998 & 1999

DOCUMENT # 097000084836

1. Corporation Name
Best International Medical Equip.
2476 S.W. 8 St
Miami, FL 33135

Principal Place of Business
2476 S.W. 8 St
Miami, FL 33135

Mailing Address
2476 S.W. 8 St
Miami, FL 33135

FLORIDA DEPARTMENT OF STATE
Katherine Harrie
Secretary of State
DIVISION OF CORPORATIONS

FILED

SS APR 13 30 PM 4:40

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3-19-97

4. FEI Number
65-0759936

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 the current year intangible Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Suite, Apt. #, etc.

26. City & State

27. Zip

28. Country

9. Name and Address of Current Registered Agent
Aida R. Nodarse
2476 S.W. 8 St.
Miami, FL 33135

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is acceptable)

83. City

84. State

85. Zip Code

11. Pursuant to the provisions of Sections 601.502 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 the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	11. TITLE	☐ Change ☐ Addition
2. NAME		12. NAME	
3. STREET ADDRESS		13. STREET ADDRESS	
4. CITY, ST, ZIP		14. CITY, ST, ZIP	
5. TITLE	☐ DELETE	21. TITLE	☐ Change ☐ Addition
6. NAME		22. NAME	
7. STREET ADDRESS		23. STREET ADDRESS	
8. CITY, ST, ZIP		24. CITY, ST, ZIP	
9. TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Addition
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY, ST, ZIP		34. CITY, ST, ZIP	
13. TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Addition
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY, ST, ZIP		44. CITY, ST, ZIP	
17. TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Addition
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY, ST, ZIP		54. CITY, ST, ZIP	
21. TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY, ST, ZIP		64. CITY, ST, ZIP	

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***300.00 ***300.00

GR2034 (1/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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, with all other like empowered

SIGNATURE: Aida Nodarse **DATE:** 4/19/99

(2)

BEST INTERNATIONAL MEDICAL EQUIPMENT

2476 S.W. 8th. Miami, Fl. 33135

Phone: (305) 643-5996

April 19, 1999

Mr. Kevin Roberts
Corporate and Criminal Research Services, Inc.
103 N. Meridian St.
Lower Level
32301

Mr. Roberts:

As per our conversation of today, I'm sending you the papers of my Corporation Best International Medical Equipment.

Please, be advised that I have never received the Annual Report for 1998 and for 1999, because they send them to another address. My address has always been the same: 2476 SW. 8th St, Miami, Fl. 33135.

If you need something else feel free to call me.

Cordially Yours,



Alda Nodarse
President