

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 APR 27 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

VITALCARE OEM, INC.

P97000058914

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-04/29/98--01033--001

\*\*\*1050.00 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

10200 N.W. 25th Street  
Miami, FL 33172

Mailing Address

10200 N.W. 25th Street  
Miami, FL 33172

2. Principal Place of Business

21 15800 N.W. 13th Ave.

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

Zip

24 33169

Country

25 U.S.A.

2a. Mailing Address

26 15800 N.W. 13th Ave.

Suite, Apt. #, etc.

27 City & State

28 Miami, Florida

Zip

29 33169

Country

30 U.S.A.

3. Date Incorporated or Qualified  
July 3, 1997

4. FEI Number  
65-0763565

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

10. Name and Address of New Registered Agent

BRMC, Inc.  
c/o Blank Rome Comisky & McCauley  
1401 Forum Way, Suite 700  
West Palm Beach, FL 33401

81 Name  
BRMC, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
c/o Blank Rome Comisky & McCauley LLP  
83 1200 North Federal Highway, Suite 417  
84 City  
Boca Raton  
85 Zip Code  
FL 33432

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P/D  
NAME Ramzi Abulhaj  
STREET ADDRESS 15800 N.W. 13th Avenue  
CITY-ST-ZIP Miami, Florida 33169  
TITLE V/D  
NAME Adib Khoury  
STREET ADDRESS 15800 N.W. 13th Avenue  
CITY-ST-ZIP Miami, Florida 33169  
TITLE S/T/D  
NAME Rick F. Admani  
STREET ADDRESS 15800 N.W. 13th Avenue  
CITY-ST-ZIP Miami, Florida 33169

☐ DELETE

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME Ramzi Abulhaj  
1.3 STREET ADDRESS 15800 N.W. 13th Avenue  
1.4 CITY-ST-ZIP Miami, Florida 33169  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE S/T/V/D ☒ Change ☐ Addition  
3.2 NAME Rick F. Admani  
3.3 STREET ADDRESS 15800 N.W. 13th Avenue  
3.4 CITY-ST-ZIP Miami, Florida 33169  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
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 master, as possible 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 if an attachment with a addition.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramzi Abulhaj

4/22/98

(305) 597-9067

CR2E034 (10/97)