

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

PROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90062 024 ***150.00

DOCUMENT # P98000022586

1. Corporation Name

EQUIMED CORPORATION

Principal Place of Business

7339 NW 79 TERRACE
MIAMI FL 33166

Mailing Address

7339 NW 79 TERRACE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1998

4. FEI Number

65-0839178

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1756 W 41 ST

2a. Mailing Address

26 1756 W 41 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BAY D

27 BAY D

City & State

City & State

23 HIALEAH FL

28 HIALEAH FL

Zip Country

Zip Country

24 33012 25

29 33012 30

9. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ

9200 S DADELAND BLVD SUITE 603

MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

ORLANDO BOS

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

83 10125 SW 139 PL

84 City

Miami

FL

85 Zip Code

33186

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 reappointing)

DATE

4/18/00

12. OFFICERS AND DIRECTORS

TITLE DPVS

NAME BOS, ORLANDO R

STREET ADDRESS 7339 NW 79 TERRACE 10125 SW 139 PL

CITY-ST-ZIP MIAMI FL 33166 Miami, FL 33186

TITLE DT

NAME GARCIA, ELENA C

STREET ADDRESS 7339 NW 79 TERRACE

CITY-ST-ZIP MIAMI FL 33166

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 an attachment with an address, with all other like empowered.