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Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S00379 (5)

1. Corporation Name  
STAR MEDICAL EQUIPMENT RENTAL, INC.



Principal Place of Business  
4727 SW 74TH AVENUE  
MIAMI FL 33155

Mailing Address  
4727 SW 74TH AVENUE  
MIAMI FL 33155-4416

3. Date Incorporated or Qualified  
09/17/1990

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business  
21 777 E 25TH ST

2a. Mailing Address  
26 777 E 25TH ST

Suite, Apt. #, etc.  
22 120

Suite, Apt. #, etc.  
27 120

City & State  
23 Hialeah, FL

City & State  
28 Hialeah, FL

Zip  
24 33013

Country  
25 USA

Zip  
29 33013

Country  
30 USA

4. FEI Number  
65-0221913

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

MARRERO, RAYME  
4727 S.W. 74TH AVE  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
777 E 25TH ST

83 # 120

84 City  
Hialeah

85 Zip Code  
FL 33013

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 reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|---|--|
| TITLE                      | PD                 | 1.1 TITLE   |  |
| NAME                       | MARRERO, RAYME     | 1.2 NAME  |  |
| STREET ADDRESS             | 280 COCOPLUM ROAD  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | CORAL GABLES FL    | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | SD                 | 2.1 TITLE   |  |
| NAME                       | MARRERO, NANCY C.  | 2.2 NAME  |  |
| STREET ADDRESS             | 280 COCOPLUM ROAD  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | CORAL GABLES FL    | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | TD                 | 3.1 TITLE   |  |
| NAME                       | ROJAS, JESUS       | 3.2 NAME  |  |
| STREET ADDRESS             | 480 E. 36TH STREET | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | HIALEAH FL         | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 4.1 TITLE   |  |
| NAME                       |                    | 4.2 NAME  |  |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 5.1 TITLE   |  |
| NAME                       |                    | 5.2 NAME  |  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                    | 6.1 TITLE   |  |
| NAME                       |                    | 6.2 NAME  |  |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                    | 6.4 CITY - ST - 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97 (305) 835-7560

Date Daytime Phone

0210528

CR2E034 (9/96)