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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S97464 (9)

1. Corporation Name
GOOD HEALTH EQUIPMENT, INC.

Principal Place of Business	Mailing Address
2322 WEST FLAGLER MIAMI FL 33135 US	2322 WEST FLAGLER STREET MIAMI FL 33135 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1991
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business
21 2100 CORAL WAY
22 SUITE 603
23 MIAMI, FLORIDA
24 Zip 33145
25 Country DADE

2a. Mailing Address
26 2100 CORAL WAY
27 SUITE 603
28 MIAMI, FLORIDA
29 Zip 33145
30 Country DADE

4. FEI Number: 65-0299070 ☐ 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

SANTOS, JESUS
1627 W FLAGLER ST.
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: ANGEL LORENZO PEREZ
82 Street Address (P.O. Box Number is Not Acceptable): 2100 CORAL WAY
83
84 City: MIAMI FL 85 Zip Code: 33145

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: REGISTERED AGENT 01/20/1995
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	PD ☐ Change ☐ Addition
NAME	SANTOS, JESUS	1.2 NAME	ANGEL LORENZO PEREZ
STREET ADDRESS	32 NW 136TH AVE.	1.3 STREET ADDRESS	2799 East 4th AVENUE Apt. # 3
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HIALEAH, FLORIDA
TITLE	STD	2.1 TITLE	STD ☐ Change ☐ Addition
NAME	LOPEZ, GETER	2.2 NAME	ANGEL LORENZO PEREZ
STREET ADDRESS	4799 NW FLAGLER TERR.	2.3 STREET ADDRESS	2799 EAST 4th AVENUE APT. #3
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HIALEAH, FLORIDA
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	300001 4301 79
STREET ADDRESS		3.3 STREET ADDRESS	-03/17/95--01060--019
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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, added or deleted in an attachment with an address.

SIGNATURE: ANGEL LORENZO PEREZ PRESIDENT 01/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Daytime Phone #

0143121 CP