FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 11929

1. Corporation Name
Mapar Medical Rentals Corp.

Principal Place of Business
13765 SW 19 ter
Miami fl 33175

Mailing Address
SAME

100001482089
-05/10/95 --01014 --015
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-4-1992
3a. Date of Last Report: 12-31-94

2. Principal Place of Business
21 13765 SW 19 ter
22 Suite, Apt. #, etc.
23 City & State: Miami fl
24 Zip: 33175
25 County: Dade

2a. Mailing Address
26
27 Suite, Apt. #, etc.: SAME
28 City & State
29 Zip
30 County

4. FEI Number: 65-0312947 ☐ 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
Mireya Caceres

10. Name and Address of New Registered Agent
81 Name: Alfonso Mateus
82 Street Address (P.O. Box Number is Not Acceptable): 13765 SW 19 ter
83 Miami fl 33175
84 City: FL 85 Zip Code: 33175

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President	11 TITLE	☒ Change ☐ Addition
12 NAME	Mireya Caceres	12 NAME	Alfonso Mateus
13 STREET ADDRESS	13765 SW 19 ter	13 STREET ADDRESS	13765 SW 19 ter
14 CITY ST ZIP	Miami FL 33175	14 CITY ST ZIP	Miami fl 33175
21 TITLE	Secretary	21 TITLE	President.
22 NAME	Mireya Caceres	22 NAME	☒ Change ☐ Addition
23 STREET ADDRESS	13765 SW 19 ter	23 STREET ADDRESS	Alfonso Mateus
24 CITY ST ZIP	Miami FL 33175	24 CITY ST ZIP	13765 SW 19 ter
31 TITLE		31 TITLE	Miami fl 33175
32 NAME		32 NAME	☐ Change ☐ Addition
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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, or on an attachment with an address.

SIGNATURE: [signature] (305) 220-0122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Telephone Number

0120517 CP