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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V66414** **(6)**

1. Corporation Name

YOHAMART MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
~~1850 SW 8TH ST~~ ~~SUITE 400~~ ~~MIAMI FL 33135~~	~~1850 SW 8TH ST~~ ~~SUITE 400~~ ~~MIAMI FL 33135~~

3. Date Incorporated or Qualified: 09/24/1992
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business
21: 175 FONTAINEBLEAU BLVD.
Suite, Apt. #, etc.
22: 1A1
City & State
23: MIA, FL
Zip: 24: 33172
Country: 25: D USA

2a. Mailing Address
26: 175 FONTAINEBLEAU BLVD
Suite, Apt. #, etc.
27: 1A1
City & State
28: MIA, FL
Zip: 29: 33172
Country: 30: USA

4. FEI Number: 65-0360071 ☐ 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

CASTELLANOS, JOSE
1850 SW 8TH ST
SUITE 400
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: JOSE CASTELLANOS
82 Street Address (P.O. Box Number is Not Acceptable): 175 FONTAINEBLEAU BLVD STE 1A1
83
84 City: MIAMI, FLA FL 85 Zip Code: 33172

11. Pursuant to the provisions of Section 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 ✓ 3/8/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTELLANOS, JOSE 1850 SW 8TH ST #400 MIAMI FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D CASTELLANOS, JOSE 175 FONTAINEBLEAU BLVD. STE 1A1 MIAMI, FL. 33172 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 by attachment with an address.

SIGNATURE: ✓ 3/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)