

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jan 23 1996 8:00 am  
Secretary of State

DOCUMENT # V72087 (2)

1. Corporation Name

DURABLE HEALTH EQUIPMENT SERV. INC.



Principal Place of Business

Mailing Address

7805 CORAL WAY  
SUITE 100  
MIAMI FL 33155

7805 CORAL WAY  
SUITE 100  
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21 5574 W Flagler St  
Suite, Apt. #, etc.

26 5574 W Flagler St  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL

28 MIAMI FL

24 33134 25 Dade

29 33134 30 Dade

3. Date Incorporated or Qualified

10/19/1992

3a. Date of Last Report

03/09/1995

4. FEI Number

65-0363924

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

GARCIA, LAZARO L  
10800 SW 40 ST  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name Garcia Lazaro L.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1500 SW 20 ST  
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 *Lazaro L. Garcia*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent must be reappointed when reinstating)

*01/19/96*  
DATE

OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. PVST  
NAME GARCIA, LAZARO L  
STREET ADDRESS 10800 SW 40 ST  
CITY-ST-ZIP MIAMI FL 33165

1.1 TITLE PT  
1.2 NAME LAZARO L GARCIA  
1.3 STREET ADDRESS 1500 SW 20 ST  
1.4 CITY-ST-ZIP MIAMI FL 33145

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

2.1 TITLE V.S.  
2.2 NAME Hernandez Mercedes M  
2.3 STREET ADDRESS 3425 SW 87 ST  
2.4 CITY-ST-ZIP MIAMI FL 33165

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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

*01/19/96* (305) 266-7088  
Date Daytime Phone #

CR2E034 (12/95)