

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

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra E. Murpham
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 1:52

DOCUMENT # **V74039 (1)**
1. Corporation Name
R.M.O. MEDICAL EQUIPMENT, CORP.

Principal Place of Business Mailing Address
~~505 W. 25 CT.
#108
HIALEAH FL 33016
US~~ ~~505 W. 25 CT.
#108
HIALEAH FL 33016
US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/23/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **801 W. 49 ST. #210** 26 **801 W. 49 ST. #210**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **HIALEAH, FL. 33012** 27 **HIALEAH, FL. 33012**
City & State City & State
23
24 Zip 25 **DADE** 29 Zip 30 **DADE**
Country Country

4. FEI Number **65-1283032** 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
**NAVEIRO, RICHARDO JR
5025 W 25TH CT #108
HIALEAH FL 33016**

10. Name and Address of New Registered Agent
81 Name **MARTHA NAVARRO**
82 Street Address (P.O. Box Number is Not Acceptable)
1285 W. 80 ST.
83
84 City **HIALEAH, FL** 85 Zip Code **33014**

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 officer 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.

3/27/95

SIGNATURE (Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when transferring.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NAVEIRO, RICARDO
STREET ADDRESS	5025 W 25TH COURT #108
CITY, ST, ZIP	HIALEAH FL
TITLE	D
NAME	NAVARRO, MARTHA
STREET ADDRESS	5025 W 25TH COURT #108
CITY, ST, ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NAVARRO, MARTHA
1.3 STREET ADDRESS	1285 W. 80 ST.
1.4 CITY, ST, ZIP	HIALEAH, FL. 33014
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or as an attachment with an address.

SIGNATURE: **MARTHA NAVARRO** **3-27-95 (305) 822-1278**
(Signature: Typed or printed name of incoming officer or director)