

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 9: 31

DOCUMENT # **M99839** (6)  
1. Corporation Name  
**JAIRO'S MEDICAL EQUIPMENT, INC.**

Principal Place of Business Mailing Address  
**5450 S.W. 8TH STREET SUITE #101 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/19/1988** 3a. Date of Last Report **03/14/1994**  
4. FEI Number **65-0072142** 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. 190.002, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**FERNANDEZ, ORLANDO  
5450 S.W. 8TH STREET  
SUITE 101  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature) \_\_\_\_\_ (Typed or Printed Name of Registered Agent and Title of Applicant) \_\_\_\_\_ (Typed or Printed Name of Registered Agent and Title of Applicant) \_\_\_\_\_ (Typed or Printed Name of Applicant)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY- ST- ZIP  
PD FERNANDEZ, ORLANDO 5450 SW 8TH ST, STE 101 CORAL GABLES FL  
ST FERNANDEZ, EMILSA 5450 SW 8TH ST, STE 101 CORAL GABLES FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 NAME  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 190.002, 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 the 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: *Emilisa Fernandez* *Orlando Fernandez* 01/11/95 (305) 529-9976  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR