

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90275 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000056943

Corporation Name
PROTECTION BEST MEDICAL SUPPLIES, INC.



Place of Business Mailing Address
~~18 WEST 55TH ST. HIALEAH FL 33012~~

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
5370 Palm Ave 26 **5370 Palm**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
8 27 **8**
 City & State City & State
Hialeah, FL 28 **Hialeah, FL**
 Zip Country Zip Country
33012 25 **United States** 29 **33012** 30 **United States**

3. Date Incorporated or Qualified
08/13/1993
 4. FEI Number Applied For
65-0429682 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
HERNANDEZ, MARIA T
~~18 WEST 55TH ST. HIALEAH FL 33012~~

10. Name and Address of New Registered Agent
 81 Name **MARIA T. Hernandez**
 82 Street Address (P.O. Box Number is Not Acceptable)
5370 Palm Ave
 83 **Suite #8**
 84 City **Hialeah** FL 85 Zip Code **33012**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE PD HERNANDEZ, MARIA T 18 WEST 55TH ST. HIALEAH FL 33012		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE PD 1.2 NAME MARIA T. Hernandez 1.3 STREET ADDRESS 5370 Palm Ave #8 1.4 CITY-ST-ZIP Hialeah, FL 33012	
<input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: **MARIA T. Hernandez** 4-29-99 (305) 558-2746

CR2E034 (11/98)