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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name P95000046642 (1)

ABC MED WAY, INC.

Mailing Address

FILED May 12 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			T (MAISMAL SIA 1814) BEST ABST ABST ABST BODIN BERN ANDS DESS BESS BIDID LINE 1981			
327 NE 118TH MIAMI FL 3310			327 NE 118TH TERRACE Miami Fl 33161-6128						
						3. Date Incorporated or Qualified 06/15/1995		e of Last 0/1996	
2. Principal F	Pace of Business	2a. Mailing Address	}			4. FEI Number	<u> </u>		Applied For
21		26				65-0595290			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	C.			5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State				6. Election Campaign Financing	·····		O May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Ζφ	Сои	ntry		8. This corporation has liability for i	ntangible t	ax under	s. 199.032,
24	25	29	30	ŗ <u>.</u>			Yes [
	9. Name and Address of Ci	irrent Registered Agent		81	Name	10. Name and Address of New Re	pistered A	gent	
	SOLOGO, FLOR			"	rvame				
327 NE 118TH TERRACE MIAMI FL 33161-6128				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
MIA	WII FL 3310110120			83					
				84	City	<u> </u>	F 1	85 Zi	p Code
				Ш.		poration submits this statement for the p	FL	<u> </u>	
SIGNATURE	Signature, typed or profed name of register	od agent and title if applicable S AND DIRECTORS	(NOTE: Registere	d Agent	signature fequ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTO	ORS IN 12
TIME	P	DELET		îLE	<u> </u>	7.00710,107017,110007,0		Change	The second secon
NAME	FLOR CRISOLOGO		1.2 N	AME	}				
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information molecules on this arriver report or supplemental ambier report is true and accurate and that my signature shall have the same legal effect as if made under of Lam an officer or clirector 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 charged, or on an attachment with an address.

SIGNATURE:

4-25-97

Date

305-759-7255

Daytime Prione #