

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000086506 (9)

1. Corporation Name

ALL MEDICAL SUPPLIES INC.



Principal Place of Business

Mailing Address

847 NW 119TH ST SUITE 205  
MIAMI FL 33168

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MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1995

4. FEI Number

65-0627412

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 245 SE 1 Street

Suite, Apt. #, etc.

22 217

City & State

23 Miami FL

Zip

24 33131

Country

25 DADA

2a. Mailing Address

26 245 SE 1 Street

Suite, Apt. #, etc.

27 317

City & State

28 Miami FL

Zip

29 33131

Country

30 U.S.

9. Name and Address of Current Registered Agent

SOLSOL, LORENA  
847 NW 119TH ST SUITE 205  
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name

MARCOS LISBOA

82 Street Address (P.O. Box Number is Not Acceptable)

245 SE 1 Street # 317

83

84 City

Miami

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LISBOA, MARCOS M  
STREET ADDRESS 847 NW 119TH ST #206  
CITY-ST-ZIP MIAMI FL 33168

TITLE VS ☐ DELETE

NAME PEREIRA, RENATO B  
STREET ADDRESS 847 NW 119TH ST #206  
CITY-ST-ZIP MIAMI FL 33168

TITLE VT ☐ DELETE

NAME MOTTA, LUIZ F  
STREET ADDRESS 847 NW 119TH ST #206  
CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 P ☐ Change ☒ Addition

1.2 NAME LISBOA MARCOS M  
1.3 STREET ADDRESS 245 SE 1 STREET # 317  
1.4 CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE VS ☐ Change ☐ Addition

2.2 NAME PEREIRA RENATO B  
2.3 STREET ADDRESS 245 SE 1 STREET # 317  
2.4 CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE VT ☐ Change ☐ Addition

3.2 NAME MOTTA, LUIZ F  
3.3 STREET ADDRESS 245 SE 1 STREET # 317  
3.4 CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE

CR2E034 (10/97)