

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000076064 (0)
 1. Corporation Name
RELIABLE HEALTH CARE SUPPLY, INC.



Principal Place of Business 6416 W. 11 CT. HIALEAH FL 33012	Mailing Address 6416 W. 11 CT. HIALEAH FL 33012-6434
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/12/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0685986	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

REYNA, LILIA R
1465 W. 42ND STREET
SUITE 109
HIALEAH FL 33012

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	REYNA, LILIA R	
STREET ADDRESS	1465 W. 42ND STREET, #109	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	STD	<input checked="" type="checkbox"/>
NAME	REYNA, ENRIQUE	
STREET ADDRESS	1465 W. 42ND STREET, #109	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/>
NAME	BENCOMO, JUAN A	
STREET ADDRESS	2901 W. 16 AVENUE LOT 61	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SECRETARY	<input type="checkbox"/>
NAME	RAFAEL SANCHEZ	
STREET ADDRESS	1068 W 29 ST.	
CITY-ST-ZIP	HIALEAH, FLA. 33012	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	TREASURE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	REYNA, ENRIQUE		
2.3 STREET ADDRESS	1465 W 42 PL. APT. 109		
2.4 CITY-ST-ZIP	HIALEAH, FLA. 33012	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

NATURE: *Lilia Reyna* LILIA REYNA, PRESIDENT. 3/17/97 (305) 885-2242

CR2E034 (9/96)