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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005496 (0)

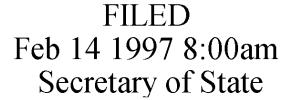
KASAI MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

4440 SW 136TH PLACE MIAMI FL 33175

4440 SW 136TH PLACE MIAMI FL 33175-3721





						3. Date Incorporated or Qualified 3a. Da 01/16/1996	te of Last Report	
- 1 S	incipal P	lace of Busi	ness /62 cr.	2a. Mailing Address	W. 162 CT:	4. FEI Number	Applied For	
21]				26		65-0636444	Not Applicable	
22	uite, Apt			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	ity & State			City & State	, n	6. Election Campaign Financing	\$5.00 May Be	
		TMI,	FL	28 MIAMI	, FL	Trust Fund Contribution	Added to Fees	
, Zı		a 2	Country	Zip	Country	8. This corporation has liability for Intangible	tax under s. 199.032,	
24	33/		25	29 33/93	30	Florida Statutes		
			and Address of Curre	nt Registered Agent	641	10. Name and Address of New Registered	\gent	
OSORIO, GUILLERMO 4440 SW 136TH PLACE MIAMI FL 33175					82 Street Ad	OSORIO GUILLERMO Street Address (P.O. Box Number is Not Acceptable)		
a	office of fi	egistered ag im familiar w	gent, or both, in the Stati ith, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, (utes, the above-named cos authorized by the corpor lorida Statutes.	priporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registered pintment as registered	
		Signature types	or printed name of registered ag		OTE: Registered Agent signature rec			
12.	——		OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE		Dendin	, GUILLERMO	LJ DELETE	1.1 TATLE	Paris collegens	Change Addition	
NAME			Y 136TH PLACE			SORIO, GUILLERMO	[;	
STREET	ADDRESS	1				8315 S.W. 162 CT.		
CITY - S	31 - ZIP	MIAMI F	L 331/5		1.4 CITY - ST - ZIP	MIAMI, FL 33193		
TITLE		D		☐ DELETE	2.1 TITLE	A .	Change Addition	
NAME		OSORIO			2.2 NAME	DEORIO, FLOR		
STREET	AODRESS (/ 136TH PLACE		2.3 STREET ADDRESS	8315 EW. 162 CT.		
CITY - S	51 - ZIP	MIAMI F	L 33175		2 4 CITY-ST-ZIP	MIAMI, FL 33193		
THLE	<u> </u>			DELETE	3.1 TITLE		Change Addition	
NAME	,				3.2 NAME			
STREET	ADDRESS				3.3 STREET ADDRESS			
CITY-S					3.4. CITY-ST-ZIP		İ	
TILE	<u> </u>			☐ DELETE	4.1 TITLE		Change Addition	
NAME					4. 2 NAME		C Cuange C Notition	
HPOVIL					4. Z NAME			
croure	Anapree				4 S OTDEET 4 DODESO			
	ADDRESS				4.3 STREET ADDRESS			
CITY-S	- 1			The ext	4.4 CITY-ST-ZIP		[] <u>85</u>	
CITY-S	- 1		ALL LANGUE GALLES	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
CITY-S TITLE NAME	ST - ZIP] DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition	
CITY-S TITLE NAME	- 1			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
CITY-S TITLE NAME	ST-ZIP ADURESS				4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
CITY-S TITLE NAME STREET	ST-ZIP ADURESS			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5 2 NAME 5.3 STREET ADDRESS		Change Addition	
CITY-S TITLE NAME STREET CITY-S	ST-ZIP ADURESS				4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-S TITLE NAME STREET CITY-S TITLE NAME	ST-ZIP ADURESS				4.4 CITY-ST-2IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2IP 6 1 TITLE			
CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S	ADDRESS ADDRESS ADDRESS SI- ZIP			DELETE	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	ted in Section 119.07(3)(i), Florida Statutes. I further	Change Addition	

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.

03-70-97-Date Dayline Proce