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Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000005496 (0)

1. Corporation Name  
KASAI MEDICAL SUPPLIES, INC.



Principal Place of Business  
4440 SW 136TH PLACE  
MIAMI FL 33175

Mailing Address  
4440 SW 136TH PLACE  
MIAMI FL 33175-3721

3. Date Incorporated or Qualified  
01/16/1996

3a. Date of Last Report

2. Principal Place of Business  
21 8315 S.W. 162 CT.

2a. Mailing Address  
26 8315 S.W. 162 CT.

4. FEI Number  
65-0636444

Applied For  
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State  
MIAMI, FL

28 City & State  
MIAMI, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
33193

25 Country

29 Zip  
33193

30 Country

8. This corporation has liability for Intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSORIO, GUILLERMO  
4440 SW 136TH PLACE  
MIAMI FL 33175

81 Name  
OSORIO, GUILLERMO

82 Street Address (P.O. Box Number is Not Acceptable)  
8315 S.W. 162 CT.

83

84 City  
MIAMI

FL

85 Zip Code  
33193

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
OSORIO, GUILLERMO  
4440 SW 136TH PLACE  
MIAMI FL 33175

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
D  
OSORIO, GUILLERMO  
8315 S.W. 162 CT.  
MIAMI, FL 33193

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
OSORIO, FLOR  
4440 SW 136TH PLACE  
MIAMI FL 33175

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
D  
OSORIO, FLOR  
8315 S.W. 162 CT.  
MIAMI, FL 33193

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
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.

SIGNATURE: Guillermo Osorio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-97  
Date Daytime Phone #

CR2E034 (9/96)