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CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

## **FILED** May 08 1998 8:00am Secretary of State

	N BEST MEDICAL SUPPL		220							
Principal Place of Business Mailing Address  18 WEST 55TH ST. 18 WEST 55TH HIALEAH FL 33012 HIALEAH FL 330			STH ST.				DO NOT	IAIDITE IAI TI III	2 00405	
								WRITE IN THIS	S SPACE	
							3. Date Incorporated or Qua	mileo		
2. Principal Pl	flace of Business	2a. Mailing A	ddress				08/13/1993 4. FEI Number	<del></del>		pplied For
21	nace of pasificas	26	1001055				65-0429682			ot Applicable
Suite, Apt	#, etc.	Suite, Ap	t. #, etc.							Additional
22		27					5. Certificate of Status Desir	ed 🔲	Fee R	equired
City & State	е	City & Str	ate				6. Election Campaign Finance	cing	\$5.00	May Be
a		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		<del></del>	ountry		8. This corporation owes or	-		
14	25	29	und	30			Personal Property Tax du			M/No
	g. Name and Address of Cur	I SILL MOUSE COLOU AGO	····		81 1	Name	10. Name and Address of N	ow Madistele	Agent	
	ERNANDEZ, MARIA T				Ш.					
	WEST 55TH ST.				82 5	Street Add	ress (P.O. Box Number is Not Ac	ceptable)	,	
ΠV	ALEAH FL 33012				83					
					84 (	City		F	65 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, F	lorida Statut	tes, the a	above-n	amed corr	poration submits this statement for	r the purpose	of changing	its registered registered
OHICE OF FE	m familiar with and accept the ob	ate of Fiorida, Such c	hange was a 607 0505 Fil	authorize orida Sta	ed by th	e corpora	tion's board of directors. I hereby	accept the ap	ppomment as	•
· · ·	m familiar with, and accept the ob	ale of Florida, Such colligations of, Section (	hange was 607.0505, Fl	authorize orida Sta	ed by th alutes.	ne corporal	tion's board of directors. I hereby	accept the ap	уронитен в	
SIGNATURE	m familiar with, and accept the ob-					ne corporal	tion's board of directors. I hereby	accept the ap	Dominient as	
SIGNATURE	Signature, typed or printed name of registeres				red Ageni s	ne corporal	tion's board of directors. I hereby	DATE		
SIGNATURE	Signature, typing or printed namer of registrines OFFICERS	agent and title if applicable AND DIRECTORS		TE Register	red Ageni s	ne corporal	tion's board of directors. I hereby	DATE		
SIGNATURE 12.	Signature, typing or printed namer of registrines OFFICERS.  PD HERNANDEZ, MARIA T	agent and title if applicable AND DIRECTORS	[NO]	TE Register 13.	ed Agent s	ne corporal	tion's board of directors. I hereby	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typing or printed namer of registrines  OFFICERS.  PD  HERNANDEZ, MARIA T  18 WEST 55TH ST.	agent and title if applicable AND DIRECTORS	[NO]	13.	red Ageni s	signature requi	tion's board of directors. I hereby	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	Signature, typing or printed namer of registrines OFFICERS.  PD HERNANDEZ, MARIA T	AND DIRECTORS	DELETE	13. 1.1 T 1.2 A 1.3 S 1.4 (	red Agent s TITLE NAME STREET ADI	ne corporal	tion's board of directors. I hereby	DATE	ND DIRECTOI Change	RS IN 12
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4/28/98 (305)558-2746