

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90275 021 ***150.00

DOCUMENT # P93000056943

Corporation Name
ACTION BEST MEDICAL SUPPLIES, INC.

Place of Business
18 WEST 55TH ST.
HIALEAH FL 33012

Mailing Address
18 WEST 55TH ST.
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5370 Palm Ave

Suite, Apt. #, etc.

8

City & State

Hialeah, FL

Zip

33012

Country

United States

2a. Mailing Address

5370 Palm

Suite, Apt. #, etc.

8

City & State

Hialeah, FL

Zip

33012

Country

United States

3. Date Incorporated or Qualified

08/13/1993

4. FEI Number

65-0429682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HERNANDEZ, MARIA T

18 WEST 55TH ST.

HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

MARIA T. Hernandez

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

5370 Palm Ave

83

Suite #8

84 City

Hialeah

FL

85 Zip Code

33012

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD
HERNANDEZ, MARIA T
18 WEST 55TH ST.
HIALEAH FL 33012

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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

PD
MARIA T. Hernandez
5370 Palm Ave #8
Hialeah, FL 33012

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: MARIA T. Hernandez

4-29-99 (305) 558-2746

CR2E034 (11/98)