## 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 # F48106

(1)

FLORIDA MEDI-VAN, INC.

Principal Place of Business 2850 N.W. 7TH AVENUE MIAMI FL 33127 US			Maing Address  2950 N.W. 7TH AVENUE MIAMI FL 33127-3854 US					I 188 (169 fill gign) (gjær tiði) ggjig gjir gjær gjer gjer gjer gjer gjer gjer gjer gje				
		•						3. Date Incorporated or Qualified 09/10/1981		te of Last R 3/1996	leport	
2, Principal P	lace of Business		Mailing Address					4. FEI Number		_ <del></del>	pplied For	
21			26					59-2151292   Not Applicable				
Suite, Apt #, etc  22  City & State			Suite, Apt. #, etc					5. Certificate of Status Desired Fee Required				
			28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
			Zip Country				This corporation has liability for intangible tax under s. 199.032,					
24	25 29			30	30			Florida Statutes				
	9. Name and Address of Curre	ent Registe	ered Agent					O. Name and Address of New Re	gistered /	\gent		
	iez-ortega, antonio				81	Name						
2950 N.W. 7TH AVENUE MIAMI FL 33127					82	Street /	Address	ess (P.O. Box Number is Not Acceptable)				
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				83							
					84	City			FL.	<b>85</b> Zip	Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familian with, and accept the obli	te of Florida	<ul> <li>Such change was:</li> </ul>	authoriz	ed by	the corp	corporal poration	tion submits this statement for the p s board of directors, I hereby accep	urpose of ot the appo	changing it ointment as	ts registered registered	
Sequence report on the or the inchrequirered appeal and filled appealable (NOTE, Re						nt signature	w berluper e	iteri reinstating)	DATE			
12.	OFFICERS A	ND DIRECT	IORS DELETE	13			т —	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR  Change	RS IN 12 Addition	
TATLE NAME	GOMEZ-ORTEGA, ANTONIO		[] DELETE		TITLE NAME					TI Auguste	Magnition	
STREET ADDRESS	2950 N.W. 7TH AVENUE					ADDRESS						
CiTy - ST - ZiP	MIAMI FL				CITY-S							
TITLE			☐ DELETE		TITLE					Change	Addition	
NAME				2.2	NAME							
STREET ADDRESS				2.3	STREET	ADDRESS						
CITY - S1 - 7(P)		·-···	T butte		CITY-5	31 - 21P	ļ			Change	Addition	
TITLE			L) DELETE	1	TITLE					Change	广1 vaninou	
NAME STREET ADDRESS						ADDRESS						
C-TY-SY-ZIP					CITY-5							
TITLE			DELETE		TITLE	-, -,-	†		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME				4. 2	2 NAME							
STREET ADDRESS				4.3	STREET	ADDRESS						
C.1Y+S1+7/P				4.4	CITY-S	i ZIP			<del>,</del> ,			
TITLE			☐ DELETE		TITLE					Change	Addition	
NAME:					NAME						1	
STREET ADDRESS						ADDRESS						
C-TY+ST+7IP			DELETE		CITY-S	I - ZIP	<u> </u>			Change	Addition	
NAME			L DEFEIG		TITLE NAME			•		T Augude	L_1 radiitori	
STREET ADDRESS						ADDRESS						
CHY-SI-ZIP					CHY-S							
CITT OF LIF	·				21-1 9		<del></del>	0 - E - 440 07(0)() F(-/d- 0)-1-1-			4 4 h -	

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 supplied ental 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 in planted, or on paper with an address.

SIGNATURE:

AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 305436 5500

**FILED** 

Jan 23 1997 8:00am

A PROFESA AND RIADO PRESE ALBAN BUSIA SENS DIREC BARRA GERTA BARRA BARRA BARRA BARRA BARRA BARRA BARRA BARRA B

Secretary of State

R2E034 (9/96)