

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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # F78671

1. Corporation Name

ABC Hospital Equipment And Supply, Inc.

Principal Place of Business

Mailing Address

4905 Sw 74 Ct.  
Miami, Fl. 33155

4905 SW. 74 Ct.  
Miami, Fl. 33155

3. Date Incorporated or Qualified  
04/29/1982

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

59-2193035

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

Cuervo Sylva R.  
12940 SW 119 St.  
Miami, Fl. 33186

81 Name

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

83

84 City

FL

85 Zip Code

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 officer 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  
TD  
Cuervo Mario  
1008 Coral Way  
Coral Gables, Fl. 33134

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
SD  
Cuervo Saydee B  
1008 Coral Way  
Coral Gables, Fl. 33134

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
PD  
Cuervo Sylva R  
8150 SW 90th Terr.  
Miami, Fl. 33156

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
VPD  
Cuervo Ana C  
8150 SW. 90th Terr.  
Miami, Fl. 33156

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 included 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-97

305-665-7422

CR2E034 (9/96)