FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G59782** **(4)**

1. MEDICAL SPECIALTY SALES & SERVICE, INC.

Principal Place of Business: 6807 DAY STAR COURT, TALLAHASSEE FL 32308

Mailing Address: 6807 DAY STAR COURT, TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1983
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2324212 [ ] 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

2. Principal Office Address: 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address: 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

INGRAM, RICHARD F.
6807 DAY STAR COURT
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	INGRAM, RICHARD F
STREET ADDRESS	6807 DAY STAR COURT
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	VD
NAME	INGRAM, PHOEDE
STREET ADDRESS	6807 DAY STAR COURT
CITY-ST-ZIP	TALLAHASSEE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing voluntarily furnished and 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: Richard F. Ingram — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-95 (904 893-5208) — Date / Daytime Phone #

0027813 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # G61352 (2)

1. Corporation Name

HERDEZ CORP.

Principal Place of Business:
C/O JAY A. HERSHOFF
2901 S.W. 122 AVE.
MIAMI FL 33175

Mailing Address:
C/O JAY A. HERSHOFF
2901 S.W. 122 AVE.
MIAMI FL 33175

3. Date Incorporated or Qualified: 09/26/1983
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21: 3515 N.W. 51 St.
22: Suite, Apt. #, etc.
23: City & State: Miami, FL
24: Zip: 33142
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2334630 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, ROBERTO M.
2901 S.W. 122ND AVE.
MIAMI FL 33175

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	☒ Change ☐ Addition
NAME	HERNANDEZ, ROBERTO M	NAME	
STREET ADDRESS	2901 SW 122 AVE	STREET ADDRESS	8010 S.W. 137 Ct.
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	Miami, FL 33183
TITLE	SD	TITLE	☒ Change ☐ Addition
NAME	HERNANDEZ, OLGA N.	NAME	
STREET ADDRESS	2901 SW 122 AVE	STREET ADDRESS	8010 S.W. 137 Ct.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33183
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Olga N. Hernandez / Olga N. Hernandez 5/3/95 (305) 633-5443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180403 CP