

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:29

DOCUMENT # **P92000013142 (4)**

1. Corporation Name

CRIST YIRET MEDICAL SUPPLY, INC.

Principal Place of Business

Mailing Address

~~5665 W 20 AVE~~
~~#105~~
~~HALEAH FL 33012~~

P.O. BOX 4158
MIAMI FL 33014-0158

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 **8278 NW 103 ST**

20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE # B**

27

City & State

City & State

23 **HALEAH GARDEN**

28

Zip

Country

Zip

Country

24 **FL**

25 **33016**

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

12/18/1992

01/25/1994

4. FBI Number

Applied For

65-0377140

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

PEREZ, MICHAEL
8920 GW 165 ST
MIAMI FL 33157

81 Name

SOCARRAS JENIS A.

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

8278 NW 103 ST # B

83

84 City

HALEAH GARDEN FL

85 Zip Code

33016

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or register 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]

(NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SOCARRAS, JENIS A
STREET ADDRESS	5665 W 20 AVE
CITY-ST-ZIP	HALEAH FL 33012
TITLE	VPD
NAME	SOCARRAS, JENIS A
STREET ADDRESS	5665 W 20 AVE
CITY-ST-ZIP	HALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8278 NW 103 ST # B
1.4 CITY-ST-ZIP	HALEAH GARDEN FL 33016
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8278 NW 103 ST # B
2.4 CITY-ST-ZIP	HALEAH GARDEN FL 33016
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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:

[Signature]

JENIS A. SOCARRAS 1/10/95 305-558-9489

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.