FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008716 (1)**

1. Corporation Name
BC MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
879 WEST 29 ST HIALEAH FL 33012 US	879 WEST 29 ST HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 10550 NW 77TH Ct.	26 10550 NW 77TH Ct.
22 Suite, Apt. #, etc. Suite 208	27 Suite, Apt. #, etc. Suite 208
23 City & State Hialeah Gardens, FL.	28 City & State Hialeah Gardens, FL.
24 Zip 33016 / 25 Country	29 Zip 33016 / 30 Country

4. FEI Number: **65-0389147** ☐ 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

MOLINER, ELIU
2673 WEST 70TH PLACE
HIALEAH FL 33016

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 X _____ ELIU MOLINER _____ DATE
(Signature of current registered agent required) (NOTE: Registered Agent signature required when designated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MOLINER, ELIU	12 NAME	
STREET ADDRESS	2673 WEST 70TH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MONTERO, ADIEL	22 NAME	
STREET ADDRESS	2673 WEST 70TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DE LA ROCHA, ABEL	32 NAME	
STREET ADDRESS	2673 WEST 70TH PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 asterisk.

SIGNATURE: PRESIDENT ELIU MOLINER 04/27/95 (305) 827-0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0000048 CP