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FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000008716 (1)

1. Corporation Name

BC MEDICAL SUPPLIES, INC.



Principal Place of Business

3303 E 4TH AVE  
208  
HIALEAH FL 33013  
US

Mailing Address

3303 E 4TH AVE  
20826  
HIALEAH FL 33013  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1993

4. FEI Number

65-0389147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MOLINER, ELIU  
2673 WEST 70TH PLACE  
HIALEAH FL 33018

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

Signature of registered agent or person authorized to register agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS MOLINER, ELIU  
CITY-ST-ZIP 2673 WEST 70TH PLACE  
HIALEAH FL 33018

TITLE ☒ DELETE

NAME SD  
STREET ADDRESS MONTERO, ADIEL  
CITY-ST-ZIP 2673 WEST 70TH PLACE  
HIALEAH FL 33018

TITLE ☒ DELETE

NAME TD  
STREET ADDRESS DE LA ROCHA, ABEL  
CITY-ST-ZIP 2673 WEST 70TH PLACE  
HIALEAH FL 33018

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Eliu Moliner

1.3 STREET ADDRESS 7955 NW 164th

1.4 CITY-ST-ZIP miami FL 33016

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Eliu Moliner

2.3 STREET ADDRESS 7955 NW 164th

2.4 CITY-ST-ZIP miami FL 33016

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Eliu Moliner

3.3 STREET ADDRESS 7955 NW 164th

3.4 CITY-ST-ZIP miami FL 33016

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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; that 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 in an attachment with an address.

SIGNATURE

4/14/98

CR2E034 (10/97)