

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000011050 (0)
 1. Corporation Name

A+ MEDICAL SUPPLIES CORP.



Principal Place of Business: **15340 SW 144TH PL MIAMI FL 33177**
 Mailing Address: **15340 SW 144TH PL MIAMI FL 33177**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **02/15/1993**
 3a. Date of Last Report: **08/11/1995**
 4. FEI Number: **65-0420723**
 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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
ALVAREZ, ARMANDO D
15340 SW 144TH PL
MIAMI FL 33177

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	
NAME	ALVAREZ, ARMANDO D	12 NAME	
STREET ADDRESS	15340 SW 144TH PL	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	
NAME	ALVAREZ, ARMANDO D III	22 NAME	
STREET ADDRESS	15340 SW 144TH PL	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	24 CITY - ST - ZIP	
TITLE	DT	31 TITLE	
NAME	ALVAREZ, ALEJANDRO D	32 NAME	
STREET ADDRESS	15340 SW 144TH PL	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33177	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
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 exempt on stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Armando D Alvarez **8/4/96** **305 378-1224**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)