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FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000013091 (2)

1. Corporation Name
TRAZE MEDICAL SUPPLIES INC.



Principal Place of Business

19876 S.W. 56TH ST.
SUITE 163
MIAMI FL 33175

Mailing Address

13876 S.W. 56TH ST.
SUITE 163
MIAMI FL 33175-6021

2. Principal Place of Business

21 18951 SW. 63 ST.

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE

Zip

24 33322

Country

25 FLORIDA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0385855

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

ZAFRA, KAREM
19876 S.W. 56TH ST.
SUITE 163
MIAMI FL 33175

10. Name and Address of New Registered Agent

B1 Name

KAREM ZAFRA

B2

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

18951 SW. 63 ST.

B3

B4

City

FT. LAUDERDALE

FL

B5 Zip Code

33322

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]

AGENT

4-24-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ZAFRA, KAREM
STREET ADDRESS 13876 S.W. 56TH ST. SUITE 163
CITY-ST-ZIP MIAMI FL 33175

TITLE D ☐ DELETE

NAME ZAFRA, LUIS A
STREET ADDRESS 13876 S.W. 56TH ST. SUITE 163
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 D. ☒ Change ☐ Addition

1.2 NAME KAREM ZAFRA
1.3 STREET ADDRESS 18951 SW. 63 ST
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33322

2.1 TITLE D. ☒ Change ☐ Addition

2.2 NAME LUIS ZAFRA
2.3 STREET ADDRESS 18951 SW. 63 ST
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33322

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 do 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 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 or changed, or on an attachment with an address.

SIGNATURE

[Signature]

SECRETARY

4-24-97

CR2E034 (9/96)