

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000015979 (6)**

1. Corporation Name  
**CASTANEDA MEDICAL SUPPLY, INC.**



Principal Place of Business Mailing Address  
**11117 OKEECHOBEE RD. SUITE 106 HIALEAH FL 33016**

3. Date Incorporated or Qualified **02/25/1993** 3a. Date of Last Report **04/27/1995**  
4. FEI Number **65-0396828** 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

2. Principal Place of Business 2a. Mailing Address  
21 **11117 Okeechobee Rd** 26 **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 126** 27  
City & State City & State  
23 **Hialeah, FL** 28  
Zip Country Zip Country  
24 **33016** 25 **DADE** 29 30

9. Name and Address of Current Registered Agent  
**CANTANEDA, PABLO**  
**11117 OKEECHOBEE RD.**  
**SUITE 106**  
**HIALEAH FL 33016**

10. Name and Address of New Registered Agent  
81 Name **CASTANEDA, Pablo**  
82 Street Address (P.O. Box Number is Not Acceptable) **2741 WEST 72 PL**  
83  
84 City **Hialeah, FL 33016** FL 85 Zip Code **33016**

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]* 4/08/96  
Signature of Registered Agent and Title (if applicable) (NOTE: Registered Agent's signature required for non-industry)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CANTANEDA, PABLO	
STREET ADDRESS	2741 WEST 72 PLACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CANTANEDA, ODALYS	
STREET ADDRESS	2741 WEST 72 PLACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CANTANEDA, Pablo
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CANTANEDA, Pablo
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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)(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 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]* 4/08/96 (305) 825-2135  
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone

CR2E034 (12/95)