

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000025352 (4)

1. Corporation Name

M.M. MEDICAL EQUIPMENT & SUPPLIES INC.

Principal Place of Business

1701 W FLAGLER ST
SUITE G-7
MIAMI FL 33125

Mailing Address

1701 W FLAGLER ST
SUITE G-7
MIAMI FL 33125

APPROVED
AND
FILED
95 APR 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

04/06/1993

3a. Date of Last Report

07/01/1994

4. FBI Number

65-0401210

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

7. This corporation has liability for intangible tax under S. 196.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIMENEZ, JUAN
1701 W. FLAGLER ST
STE. G-7
MIAMI FL 33125

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 (print name and title of agent)

Signature of Registered Agent (print name and title of agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS
NAME	JIMENEZ, JUAN
STREET ADDRESS	1701 W FLAGLER ST
CITY, ST, ZIP	MIAMI FL
TITLE	SD
NAME	CRUZ, ZAIDA
STREET ADDRESS	3331 NW 99 ST
CITY, ST, ZIP	MIAMI FL 33147
TITLE	TD
NAME	BORMEY, VICTORIA
STREET ADDRESS	9531 FOUNTAINBLEAU BLVD
CITY, ST, ZIP	MIAMI FL 33172
TITLE	VD
NAME	OLIVA, MARIA M
STREET ADDRESS	6811 SW 25 TERR
CITY, ST, ZIP	MIAMI FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(3)(b), 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 (PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/15/95

(305) 642-6341