CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
AMENDED
1996 SEP -3 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified: 04/06/1993
3a. Date of Last Report: 04/25/1995
4. FEI 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
JIMENEZ, JUAN
1701 W. FLAGLER ST
STE. G-7
MIAMI FL 33125

10. Name and Address of New Registered Agent
81 Name: Felix Upia
82 Street Address (P.O. Box Number is Not Acceptable): 1701 West Flagler St, Suite G-7
83
84 City: Miami FL 85 Zip Code: 33125

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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] (Signature, typed or printed name of registered agent and title if applicable) [signature] (NOTE: Registered Agent signature required when reinstating) 8-26-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	☒ DELETE
NAME	JIMENEZ, JUAN	
STREET ADDRESS	1701 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	CRUZ, ZAIDA	
STREET ADDRESS	3331 NW 99 ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	TD	☒ DELETE
NAME	BORMEY, VICTORIA	
STREET ADDRESS	9531 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33172	
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	P/S	☒ Change ☐ Addition
1.2 NAME	Felix Upia	
1.3 STREET ADDRESS	1701 W.Flagler St. Suite G-7	
1.4 CITY-ST-ZIP	Miami, Fl. 33125	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
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		

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*****61.25 *****61.25

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] May 31/96 (305) 642-6341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148087 CP