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Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90017 032 ***150.00

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Mailing Address

7105 S.W. 8TH ST.

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business 7105 S.W. 8TH ST.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041922

HOPE MEDICAL SUPPLIES, INC.

SUITE 102 SUITE 102 DO NOT WRITE IN THIS SPACE MIAMI FL 33144 MIAMI FL 33144 3. Date Incorporated or Qualifed 06/14/1993 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0416623 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Zip Country 8. This corporation owes the current year Intangible \square No 25 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FORNARIS, ADDIE Street Address (P.O. Box Number is Not Acceptable) 7105 S.W. 8TH STREET SUITE 102 83 MIAMI FL 33144 City 85 84 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 of 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE 1.1 TITLE TITLE 1.2 NAME FORNARIS, ADDIE NAME 9441 SW 31ST TERRACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** 1.4 CITY-ST-ZiP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE FORNARIS, ADDIE 22 NAME NAME 9441 SW 31ST TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33165 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME ; 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change 1 1 Addition 4.1 TITLE TITLE 4 2 NAME

14. I 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 supplied will first similar does not quality to the exemption stated in Section 13.07(5)(f), Fibrida Statutes. Interfer certify risk 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME

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NAME

TITLE

NAME

STREET AODRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE .

NAME

CITY-ST-ZIP

DELETE

DELETE

CR2E034 (11/98)

Addition

☐ Addition

☐ Change

Change :