

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:50

DOCUMENT # P93000052703 (4)

1. Corporation Name

E D MEDICAL SUPPLIER PLUS CORP.

Principal Place of Business

13710 S.W. 56TH ST.
SUITE 156
MIAMI FL 33175

Mailing Address

13710 S.W. 56TH ST.
SUITE 156
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/28/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
65-0428373

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

CARRASCO, BAYARDO
2911 SW 63 AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name **ENRIQUE TELLO**
82 Street Address (P.O. Box Number is Not Acceptable)
13710 S.W. 56 ST
83 **SUITE 156**
84 City **MIAMI** FL 85 Zip Code **33175**

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 607.0503, Florida Statutes.

SIGNATURE

Enrique Tello

(NOTE: Registered Agent signature required when reinstating)

DATE
01-30-95

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LOPEZ, TULIO
STREET ADDRESS	13710 S.W. 56 STREET, SUITE 156
CITY - ST - ZIP	MIAMI FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TELLO, ENRIQUE	
1.3 STREET ADDRESS	13710 SW 56 ST SUIT 156	
1.4 CITY - ST - ZIP	MIAMI FL 33175	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE:

Enrique Tello

ENRIQUE TELLO

DATE
01-30-95

FILE NO.
354-3310

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(DATE)

(FILE NO.)