

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1995
AMOUNT DUE ON OR BEFORE 8/10/95 \$225 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 26
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

100001480731
-05/09/95--01079--018
******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smiley
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056943 (2)

1. Corporation Name
ACTION BEST MEDICAL SUPPLIES, INC.

Mailing Address
**18 WEST 55TH ST.
HIALEAH FL 33012**

Principal Place of Business
**18 WEST 55TH ST.
HIALEAH FL 33012**

2. Mailing Address
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26. Principal Place of Business
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3. Date Incorporated or Qualified
08/13/1993

3a. Date of Last Report
12-2-94

4. FEI Number
X 65-0429682

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

8. This corporation has liability for filing tax under 5-199 Code Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent
**HERNANDEZ MARIA T
18 WEST 55TH ST.
HIALEAH FL 33012**

10. Name and Address of New Registered Agent
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 or Sections 617 0502 and 617 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 hereby accept the appointment as registered agent I am familiar with and accept the obligations of Section 607 0505 or 617 0503, Florida Statutes

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME P/D HERNANDEZ MARIA T 18 WEST 55TH ST. HIALEAH FL 33012	1. TITLE	1. NAME	1. TITLE
2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS
3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP
4. NAME S/D PIQUE ADELA C 18 WEST 55TH ST. HIALEAH FL 33012	4. TITLE	4. NAME	4. TITLE
5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP
7. NAME	7. NAME	7. NAME	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP
10. NAME	10. NAME	10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(a), Florida Statutes. I further certify that the information included on this annual report or biennial report or annual report is true and accurate and that my signature shall have the same legal effect as if made under oath and that I am an officer or director of the corporation or the president or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 of changes to officers and directors attached with an address

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/27/95 (305)556-3661