

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 27 1996 8:00 am
Secretary of State

DOCUMENT # P93000057840 (9)

1. Corporation Name
M.D.'S MEDICAL SUPPLY, INC.



Principal Place of Business Mailing Address
**10300 SW 72ND ST.
SUITE 204
MIAMI FL 33173
US**

3. Date Incorporated or Qualified **08/16/1993** 3a. Date of Last Report **02/10/1995**
4. FET Number **65-0432050** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**SARLABOUS, MAGALI
10360 SOUTHWEST 60TH STREET
MIAMI FL 33173**

10. Name and Address of New Registered Agent
81 Name **Antonio Munnet**
82 Street Address (P.O. Box Number is Not Acceptable) **7437 SW 23rd Street**
83
84 City **Miami** FL 85 Zip Code **33155**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Antonio Munnet* DATE **3-21-1996**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> DELETE |
| NAME | MAGALI, SARLABOUS | |
| STREET ADDRESS | 10360 SW 60TH ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | SARLABOUS, MAGALI | |
| STREET ADDRESS | 10360 SOUTHWEST 60TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Antonio Munnet | |
| 1.3 STREET ADDRESS | 7437 SW 23rd Street | |
| 1.4 CITY-ST-ZIP | Miami, Florida 33155 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | 600001797578 | |
| 3.4 CITY-ST-ZIP | -04/29/96--01023--006 | |
| | ***208.75 | |
| 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 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: *Antonio Munnet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21st, 1996 (305) 267-6836

CR2E034 (12/95)