

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P93000057840 (9)**  
1. Corporation Name  
**M.D.'S MEDICAL SUPPLY, INC.**



Principal Place of Business: 10300 SW 72ND ST. SUITE 284 MIAMI FL 33173 US

Mailing Address: 10300 SW 72ND ST. SUITE 284 MIAMI FL 33173-3014 US

2. Principal Place of Business: 21 7801 CORAL WAY, Suite, Apt. #, etc. 22 101-B, City & State 23 MIAMI FLORIDA, Zip 24 33155, Country 25 USA

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

3. Date Incorporated or Qualified: 08/16/1993

3a. Date of Last Report: 04/27/1996

4. FEI 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

9. Name and Address of Current Registered Agent: MUNNET, ANTONIO, 7437 SE 23RD STREET, MIAMI FL 33155

10. Name and Address of New Registered Agent: 81 Name: MAGALI SARLABOUS, 82 Street Address (P.O. Box Number is Not Acceptable): 7801 SW CORAL WAY # 1018, 83, 84 City: MIAMI, FL, 85 Zip Code: 33155

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 in full compliance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Magali Sarlabous* DATE: 1-27-97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MUNNET, ANTONIO	
STREET ADDRESS	7437 SW 23RD STREET	
CITY-ST-ZIP	MIAMI FL 33155	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	magali sarlabous
1.3 STREET ADDRESS	7801 SW Coral way # 1018
1.4 CITY-ST-ZIP	Miami, FL 33155
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	900002080209
6.3 STREET ADDRESS	-02/06/97--01058--002
6.4 CITY-ST-ZIP	***165.00

14. I do 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 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: *M. A. Sarlabous*

CR2E034 (9/96)