

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000073412 (7)

1. Corporation Name

COUNTYWIDE DME & SUPPLIES, INC.



Principal Place of Business

Mailing Address

42 N.W. 27TH AVENUE  
SUITE 305  
MIAMI FL 33125

42 N.W. 27TH AVENUE  
SUITE 305  
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 215 SW 17 AVE	26 215 SW 17 AVE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 SUITE 312	27 SUITE 312		
City & State		City & State	
23 MIAMI FL	28 MIAMI FL		
Zip	Country	Zip	Country
24 33135	25 U.S.	29 33135	30 U.S.

3. Date Incorporated or Qualified

10/22/1993

4. FEI Number

65-0445246

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALIN, PABLO  
42 N.W. 27TH AVENUE  
SUITE 305  
MIAMI FL 33125

81 Name

VALIN, PABLO

82 Street Address (P.O. Box Number is Not Acceptable)

215 SW 17 AVE

83

SUITE 312

84

City

MIAMI

FL

85

Zip Code

33135

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 607.0505, Florida Statutes.

SIGNATURE

Pablo Valin

PABLO VALIN

4/27/98

Signature, typed or printed name of registered agent and official applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	VALIN, PABLO	
STREET ADDRESS	5249 N.W. 7TH ST. #509	
CITY-ST-ZIP	MIAMI FL	

TITLE	SVD	<input type="checkbox"/> DELETE
NAME	PENA, ALBA	
STREET ADDRESS	4717 N.W. 7TH ST. #503	
CITY-ST-ZIP	MIAMI FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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 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:

Pablo Valin

PABLO VALIN

4/27/98

(205) 649-3522

CR2E034 (10/97)