

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Miami Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000073536 (3)

1. Corporation Name
P & M MEDICAL SUPPLIES, INC.

Principal Place of Business 15432 S.W. 43RD LANE MIAMI FL 33185	Mailing Address 15432 S.W. 43RD LANE MIAMI FL 33185-5201
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/22/1993	3a. Date of Last Report 02/12/1996
4. FEI Number 65-0443727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TRABAZO, RAMON
15432 S.W. 43RD LANE
MIAMI FL 33185

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	
NAME	TRABAZO, RAMON	1. NAME	
STREET ADDRESS	15432 S.W. 43RD LANE	1. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33185	1. CITY - ST - ZIP	
TITLE	VD	2. TITLE	
NAME	RAMIREZ, MIRIAM B	2. NAME	
STREET ADDRESS	15432 S.W. 43RD LANE	2. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33185	2. CITY - ST - ZIP	
TITLE		3. TITLE	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		3. CITY - ST - ZIP	
TITLE		4. TITLE	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE		5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY - ST - ZIP		5. CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

(305) 269-9500