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Jan 22 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 # P93000082083 (5)

1. Corporation Name

SADE'S MEDICAL SUPPLIES CORP.

Principal Place of Business

10841 SW 40TH ST. (BIRD RD)
MIAMI FL 33165

Mailing Address

10841 SW 40TH ST. (BIRD RD)
MIAMI FL 33165

3. Date Incorporated or Qualified
12/01/1993

3a. Date of Last Report
06/28/1996

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

4. FEI Number

65-0451365

Applied For

Not Applicable

6. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. 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

SADE, JOSE F
3955 SW 137TH AVENUE
SUITE 3
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

SADE JOSE F.

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

10841 SW 40 ST (BIRD RD)

83

84 City

MIAMI?

FL

85 Zip Code

33165

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 of new or reinstated agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME SADE, JOSE F
STREET ADDRESS 3955 SW 137TH AVE., STE #3
CITY-ST-ZIP MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P.V.D
12 NAME SADE, JOSE F.
13 STREET ADDRESS 10841 SW 40 ST (BIRD RD)
14 CITY-ST-ZIP MIAMI FL 33165

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-97 305-229-5057

Date

Daytime Phone #

0519936

CR2E034 (9/96)