## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997

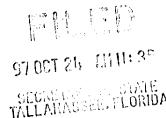


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400008332 (6)
ASHLEY MEDICAL SUPPLIES & EQUIPMENT, INC.



•	e of Business	Mailing Address				
4213 SW 75 AVE.		4215 S.W. 75 AVE.		P.P. L. Company		
MIAMITEL 33155		MIAMI 39 33155		HEINSTATER	AENT. M	
US				THE PARTY OF THE P	THE SACE // I	
				3. Date Incorporated or Qualified	3a. Date of Lot Bonyl	
A Detected D	Inch of During	1 0 1 10 10 10 10 10 10 10 10 10 10 10 1		01/24/1994	05/01/1996	
$\neg$	lace of Business 6 5W 47 ST	2a. Mailing Address	SW 47 ST	4. FEI Number	Applied For	
	<del></del>		3W 7131	65-0460641	Not Applicable	
Suite, Apt.	#, etc. <b>β</b>	Suite, Apt. #, etc.	В	5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State	. <del>-</del>		Fee Required	
<b>—</b>	- 17	28 MIAMI	F/A	6. Election Campaign Financing	\$5.00 May Be	
	, , , , , , , , , , , , , , , , , , , ,	Z(p	Country	Trust Fund Contribution	Added to Fees	
Zip 24 331.	55 25 DADE	33155	30 DAD	8. This corporation owes or has particle.  Personal Property Tax due June		
<u> ۲۰۰۰ - ۲۰۰۰</u>	9. Name and Address of Current			10. Name and Address of New Re		
7/1/114 - 1010. 91 Name O 1 / · 1/ O						
AAAA AW SO AT-				DASIIIO V. 90	omez	
	MI-FL-99155		82 Street Ac	ldress (P.O. Box Number is Not Accepta	hie)	
1110	WH 1 2 00 100		83	$\frac{1}{83}$ $\frac{6996}{5}$ $\frac{5}{6}$ $\frac{7}{1}$ $\frac{5}{1}$		
			" 5u	lite B		
			84 City	minus Ela	85 Zip Code	
MIAMI FIA FL 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						
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 familia with, and accept the obligations of Society 607,0305, Florida Statutes.						
SIGNATURE	granello (	1 y on	re	DEPI	1.8-1997	
	Signature, typed or printed name of registered agent		TE: Registured Agent signature re		DATE	
12.	P OFFICERS AND	DELETE	1.1 TILE	ADDITIONS/CHANGES TO OFFI PRESIDENT BASILIO V. GOMEZ 6996 SW 47 ST. MIAMI F/A 33	Change Addition	
NAME	ZAVALA IRIS	A DEELE	1.1 IRLE	ANGILL VI GOMEZ	Change Addition	
	T2 06 W2 0910		1.2 NAME	DASINO VIJET	suite B	
STREET ADDRESS	MAMI FL 33155		1.3 STREET ADDRESS	6996 500 4 1 31	ا مر حر ا	
CITY-ST-ZIP		DELETE	1.4 CITY-ST-ZIP	MIAMI FIR 33		
TITLE					Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		·	
CITY-ST-ZIP		- Dr. bre	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TILE	والمناو والمناو والمناو والمناو	☐ Change ☐ Addition	
NAME			3.2 NAME	ennnins	3313863	
STREET ADDRESS			3.3 STREET ADDRESS	-10/28/	/9701045001_	
CITY-ST-PP			3.4. CITY - ST - ZIP	*****	3.75 ****763.75	
TITLE #		DELETE	4.1 TITLE		Change Addition	
NAME #			4. 2 NAME			
STREET ADDRESS			4.3 STREE1 ADDRESS		. [	
CITY-ST-ZIP			4.4 CITY - S1 - ZIP			
TITLE		☐ DELETE	5.1 TITLE	\Mo	Change Addition	
NAME			5.2 NAME	(1W)	211-41	
STREET ADDRESS			5.3 STREET ADDRESS	YA	791 T	
CITY-ST-ZIP			5.4 CITY-S1-ZIP	10		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS		•	6.3 STREET ADDRESS			
CITY-ST-ZIP			4			
	u partify that the information counting	with this filing does not avail	6.4 CiTY-ST-ZiP	ed in Section 119.07/3/(i) Florida Statuto	a I further partify that the	

on nereby 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 techniqued, or on an attachment with an address.