

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 # P94000008332 (6)

1. Corporation Name
ASHLEY MEDICAL SUPPLIES & EQUIPMENT, INC.

Principal Place of Business

4215 SW 75 AVE.
MIAMI FL 33155

Mailing Address

4215 SW 75 AVE.
MIAMI FL 33155
US

2. Principal Place of Business

21 6996 SW 47 ST

Suite, Apt. #, etc.

B

22 City & State

23 MIAMI FLA.

Zip

24 33155

Country

25 DADE

2a. Mailing Address

26 6996 SW 47 ST

Suite, Apt. #, etc.

B

27 City & State

28 MIAMI FLA.

Zip

29 33155

Country

30 DADE

9. Name and Address of Current Registered Agent

ZAVALA, IRIS
9480 SW 30 ST.
MIAMI FL 33155

REINSTATEMENT

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0460641

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

X

\$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

10. Name and Address of New Registered Agent

81 Name

Basilio V. Gomez

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

6996 SW 47 ST

83

Suite B

84 City

MIAMI FLA

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 familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE

Basilio V. Gomez

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept. 8 - 1997

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME P
ZAVALA, IRIS
STREET ADDRESS 9480 SW 30 ST.
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME President
BASILIO V. GOMEZ
13 STREET ADDRESS 6996 SW 47 ST Suite B
14 CITY-ST-ZIP MIAMI FLA 33155

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME 600002331386-3
33 STREET ADDRESS -10/28/97-01045-001
34 CITY-ST-ZIP ***763.75 ***763.75

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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.

Basilio V. Gomez Sept. 8 - 1997 33155

FILED

97 OCT 24 11:11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)