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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 02 1996 8:00 am  
Secretary of State

DOCUMENT # P94000012045 (8)

1. Corporation Name

FRAN'N MEDICAL SUPPLIES, INC.



Principal Place of Business

Mailing Address

10300 SUNSET DRIVE  
SUITE 275-E  
MIAMI FL 33173  
US

10300 SUNSET DR.  
SUITE 275-E  
MIAMI FL 33126  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUENTES, FRANCISCO  
10300 SUNSET DRIVE  
STE. 275-E  
MIAMI FL 33126

81 Name *Fuentes, Francisco*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*110 N.W. 86 St.*  
83  
84 City *Miami* FL 85 Zip Code *33126*

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

*Francisco Fuentes*

(NOTE: Registered Agent signature required when reinstating)

04-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FUENTES, FRANCISCO  
STREET ADDRESS 10300 SUNSET DRIVE, STE. 275-E  
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD  
1.2 NAME *Fuentes, Francisco*  
1.3 STREET ADDRESS *110 N.W. 86 St.*  
1.4 CITY-ST-ZIP *Miami, FL. 33126*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Francisco Fuentes*

04-22-96

(305) 279-1244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)