FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P94000017691 (4)

Principal Place 13876 S.W. \$ 5 SUITE 133 MIAMI FL 3317	MEDICAL SUPPLIES, INC	Mailing Address 13876 S.W. ♣ 56 ST. SUITE 133 MIAMI FL 33175		
[3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1994 05/01/1996
2. Principal Pt	ace of Business	2a. Mailing Address 26		4. FEI Number Applied For 65-0471752 Not Applicable
Surte, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Degreed Sec. \$8.75 Additional
City & State		City & State		Fee Required
23	,	[28]		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes
E-7	9. Name and Address of Curre			10. Name and Address of New Registered Agent
ROJ	AS, CLARA		81 Name	9
13876 S.W. 56 ST.			82 Street	Address (P.O. Box Number is Not Acceptable)
	TE 133 VII FL 33175		83	A STATE OF THE STA
			84 City	85 Zip Code
	\mathcal{N}	1007 1500 51 100	1 1	FL T
11. Pursuaut to	to the provisions of Sections 607.05 existence agent, or both, in the State	02 and 607.1508, Florida Stati e of Florida. Such change was patient of Section 607.0505.	utes, the above-named authorized by the col Elevida Statutes	d corporation submits this statement for the purpose of changing its registered provided by accept the appointment as registered
SIGNATUR	for 0100	gations of, section 607.0505, r		
12.	Signature: typed or printed name or registered as	gent and tice if applicable (NO ND DIRECTORS	DTE: Registered Agent signatur 13.	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE I	P OFFICERS AF	DELETE	1.1 TITLE	Change Addition
NAME	ROJAS, CLARA		1.2 NAME	
STREET ADDRESS	13876 S.W. 58 ST., STE. 133		1.3 STREET ADDRESS	
CITY+ST-ZIP	MIAMI FL 33175	D or ore	1.4 CITY-ST-ZIP	D Chara L Addito
THILE		☐ DELETE	2.1 TITLE	Change Additio
NAME SIBEEL ADDRESS			2.2 NAME 2.3 STREET ADDRESS	
City - St - ZiP			2. 4 CITY-ST-ZIP	'
THE		DELETE	3.1 TITLE	Change Additio
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	3
CITY -ST - 70°		DELETE	3.4. CITY-ST-ZIP	Change C Addition
THE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY-ST-ZIP	
COTY - ST - ZIP TOTALE		DELETE	5.1 TITLE	Change Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
C(1Y+S1+Z)F			5 4 CITY-ST-ZIP	
TilLE		DELETE	61 TITLE	Change Additio

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 agricult 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 receiper 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 charged, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ACORESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

FILED

May 13 1997 8:00am

Secretary of State

Paytime Phone #