

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020409

1. Corporation Name
L & I MEDICAL SUPPLIES, INC

900001521309
-06/23/95--01006--012
***\$200.00 ***\$200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4143 S.W. 74th CT, Suite 100
MIAMI, FL 33155

3. Date Incorporated or Qualified 1994 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 4143 S.W. 74th CT 26 4143 S.W. 74th CT
Suite, Apt. #, etc Suite, Apt. #, etc
22 Suite 100 27 Suite 100
City & State City & State
23 MIAMI, FL 28 MIAMI, FL
Zip Zip
24 33155 25 DADR 29 33155 30 DADR

4. FEI Number 65-0474324 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Does corporation have liability for obligations tax under S. 193.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RAUL D. CABRERA
4201 S.W. 11 ST
MIAMI, FL 33134
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and the filer) (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	LAZARO PERERA	1.2 NAME	
STREET ADDRESS	500 N.W. 40 AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33136	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 this 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: *[Signature]* 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR