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 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020779 (2)

1. Corporation Name
INTERNATIONAL SURGICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
9421 S.W. 21 STREET MIAMI FL 33165	9421 S.W. 21 STREET MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:
4. FEI Number: 65-0476574 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes X Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21	7855 N.W. 12TH STREET	26	7855 N.W. 12TH STREET
22 Suite, Apt. #, etc	# 202	27 Suite, Apt. # etc	# 202
23 City & State	MIAMI, FLORIDA 33126	28 City & State	MIAMI, FLROIDA 33126
24 Zip	33126	29 Zip	33126
25 Country	DADE	30 Country	DADE

9. Name and Address of Current Registered Agent

GUARDADO, ROSARIO
9421 S.W. 21 STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent

01 Name: ROSARIO GUARDADO
02 Street Address (P.O. Box Number is Not Acceptable)
03 7855 N.W. 12TH STREET STE # 202
04 City: MIAMI, FLORIDA FL 05 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GUARDADO, ROSARIO
STREET ADDRESS	9421 S.W. 21 STREET
CITY-ST-ZIP	MIAMI FL 33165
TITLE	VD
NAME	GUARDADO, JULIO
STREET ADDRESS	9421 S.W. 21 STREET
CITY-ST-ZIP	MIAMI FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
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 is voluntarily furnished and 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.

SIGNATURE: Julio L Guardado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/18/95 Date
305/592-7245 Daytime Phone #

0170878 CP