

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 14 1997 8:00 am
Secretary of State

DOCUMENT # P94000030852 (5)

1. Corporation Name

LESMO MEDICAL SUPPLIES, INC.



Principal Place of Business

5370 PALM AVE.
#8
HIALEAH FL 33010
US

Mailing Address

755 WEST 30TH ST.
HIALEAH FL 33012-5332

3. Date Incorporated or Qualified

04/22/1994

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21 770 W 29 ST

Suite, Apt. #, etc.

22 #3

City & State

23 Hialeah FL

Zip

24 33010

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0484030

☒ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, MORAIMA
755 WEST 30TH ST.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

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 named with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
DIAZ, MORAIMA
755 WEST 30TH ST.
HIALEAH FL 33012

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

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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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Month, Year

01/14/97

CR2E034 (9/96)