

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

FILED

95 JUL 26 AM 8:54

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
111 SOUTH FLORIDAVILLE AVENUE

DOCUMENT # **P94000037415**

ALPHA MEDICAL SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Report (See Section 1)		3a. Filing of Last Report	
21 850 N. MIAMI AVE		26		3 6-20-1994		3a	
22 2206		27		4. FFI Number		Applied For	
23 MIAMI, FL		28		4 65-0491218		<input checked="" type="checkbox"/> Not Applicable	
24 33136		25 USA		29		30	
5. Certificate of Status Decease				5. Election Campaign Financing Trust Fund Contribution			
<input type="checkbox"/>				<input type="checkbox"/>			
8. The corporation has not del. for all applicable laws (see Sec. 190.11(4), Florida Statute)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAIDA B GARCIA 850 N MIAMI AVE #2206 MIAMI, FL 33136				B1 Name			
				B2 Street Address (P.O. Box Number is Not Applicable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 607.01407 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the residential or farm or both in the State of Florida. Such change was authorized by the corporation's board of directors, board of managers or the appointment of a registered agent. I am hereby certifying to the appointment of the above named Florida Statutes.

SIGNATURE: *Maida Garcia* Date: **6/30/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	HAIDA B. GARCIA P	1. NAME	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	350 69th ST #15	2. NAME	MAIDA B GARCIA
CITY	MIAMI, FL 33141	3. STREET ADDRESS	850 N. MIAMI AVE. #2206
STATE	FL	4. CITY	MIAMI, FL 33136
NAME	HAIDA B GARCIA	5. NAME	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	350 69th ST #15	6. NAME	HAIDA B. GARCIA
CITY	MIAMI, FL 33141	7. STREET ADDRESS	SAME AS ABOVE
STATE	FL	8. CITY	SAME AS ABOVE
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY		11. CITY	
STATE		12. CITY	
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	
STATE		16. CITY	
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY		19. CITY	
STATE		20. CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for the exemption stated in Section 190.11(4), Florida Statutes. I further certify that the information is not included in this annual report or supplemental annual report of this and all other such and similar reports and that the corporation shall have the same benefits of said Florida Statutes. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in the list of the officers, directors, or on an affidavit with an address.

SIGNATURE: *Maida Garcia* President Date: **6-30-95** (305) 358-3734

SIGNATURE AND TYPE OF PRINTED NAME OF BORING OFFICER OR DIRECTOR