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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:33

DOCUMENT # P94000037452 (7)

1. Corporation Name
J M A SUPPLIES MEDICAL CORP.

Principal Place of Business	Mailing Address
7565 S.W. 153RD CT. SUITE 102 MIAMI FL 33192	7565 S.W. 153RD CT. SUITE 102 MIAMI FL 33192

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 601 S.W. 57 AVE	26 601 SW. 57 AVE
Suite, Apt. #, etc. 22 SUITE D	Suite, Apt. #, etc. 27 SUITE D
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip / Country 24 33144 / 25 U.S.	Zip / Country 29 33144 / 30 U.S.

4. FEI Number: 65-0491366 ☐ 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

PADRON, MARLENE
7565 S.W. 153RD COURT
MIAMI FL 33192

10. Name and Address of New Registered Agent

81 Name: ALEJANDRO PEREZ
82 Street Address (P.O. Box Number is Not Acceptable): 601 SW 57 Ave Suite D
83 MI
84 City: MIAMI FL 85 Zip Code: 33144

11. Pursuant to the provisions of Section 607.0501 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: [signature] 3/2/95
(Signature of new registered agent, if changed) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	Alejandro Perez	12 NAME	
STREET ADDRESS	601 S.W. 57 AVE SUITE D	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33144	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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] 3/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0204044 CP