

CAPITAL CONNECTION

850 222 1222

06/25 '98

FILED

Jul 13 1998 8:00am  
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT #  
1. Corporation Name

p94000052608

M.B. MEDICAL SUPPLY, INC.

Principal Place of Business Mailing Address  
5511 SW 8th Street Suite 201  
Miami, Florida 33134 Miami, Florida 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/12/98  
4. FEI Number 65-0507151 Applied For Not Applicable  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

2. Principal Place of Business 26. Mailing Address  
21 4438 SW 74th Ave. 26 4438 SW 74th Ave  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
Miami, Florida 33155 Miami, FL 33155  
24 Zip 25 Country 29 Zip 30 Country  
33155 USA 33155 USA

9. Name and Address of Current Registered Agent  
Ramon Llanes  
5511 SW 8th Street  
Suite 201  
Miami, Florida 33134

10. Name and Address of New Registered Agent  
81 Name Andres R. Velazquez  
82 Street Address (P.O. Box Number is Not Acceptable) 4438 SW 74th Avenue  
83  
84 City Miami FL 86 Zip Code 33155

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 Signature (Handwritten name of principal home of registered agent and file if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME Llanes, Ramon [X] DELETE  
STREET ADDRESS 3720 SW 108th Avenue  
CITY-ST-ZIP Miami, Florida 33165  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE PD [ ] Change [ ] Addition  
2.2 NAME Velazquez, Andres R.  
2.3 STREET ADDRESS 4438 SW 74th Avenue  
2.4 CITY-ST-ZIP Miami, Florida 33155  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME 500002588385  
5.3 STREET ADDRESS -07/14/98--01061--037  
5.4 CITY-ST-ZIP \*\*\*8.75  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME 500002588385  
6.3 STREET ADDRESS -07/14/98--01061--036  
6.4 CITY-ST-ZIP \*\*\*550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.

CR2E034 (10/97)