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PROFIT CORPORATION ANIMUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000052608**1. Corporation Name

M .B. MEDICAL SUPPLY, INC.

Principal Place	of Rusiness	Mailing Address			I(E) E(IIE (IEID E(II) EDIEK IEI) (EEI
4438 SW 74TH AVE.		4438 SW 74TH AVE.			
MIAMI FL 33155		MIAMI FL 33155			
US		US		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
				07/12/1994 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address		65-0507151	Not Applicable
21	4 -1-	Suite, Apt. #, etc.		05-0507 [5]	\$8.75 Additional
Suite, Apt. :	#, etc.			5. Certifcate of Status Desired	Fee Required
22 City & State		City & State	 	6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	ŬYes □No
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
			81 Name		
	AZQUEZ, ANDRES R		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	SW 74TH AVE.		OZ Sileel A	The state of the s	i konstant og gjej til og til det til til gje
MAIM	MI FL 33155		83		
			04 00	<u> </u>	85 Zip Code
			84 City	F	L
	1				. C
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	utes, the above-named c	orporation submits this statement for the purpose	of changing its registered
office or re	egistered agent inchoth, in the Stat	e of Florida. Such change was	authorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
office of re agent. I a	to the provisions of Sections 607.05 egistered agent, of both, in the Statem familiar with, and accept the oblig	gations of, Section 607.0505, Fl	authorized by the corpor lorida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
office of reagent. I as	egistered agent inchoth, in the Stat	gations of, Section 607.0505, Fl	authorized by the corpor lorida Statutes. 2 479 477 TE: Registered Agent signature rec	President 0/16 Quired when reinstating) DATE	04/99
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14. I 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 suppliemental 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90058 010 ***150.00