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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000056481 (2) DOCUMENT #

D&J MEDICAL SUPPLY, INC.

Principal Plac	e of Business	Mailing Address		s endrenar end navie ment dann meine daffi	Mitens Britis mites gebüt ibibi tent inne
1075 W 68TH 8T SUITE 205 HIALEAH FL 33012		256 NW 42 AVE	÷		
		#312 Miami Fl 33126		DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified	
				07/29/1994	
10/0	Place of Business W 49 ST	2a. Mailing Address 256 NW 42	አህፑ	4. FEI Number	Applied For
21]		[20]		65-0511418	Not Applicable
Suite, Apt.	.2	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	eah, FL	MIAMI, FL		6. Election Campaign Financing	\$5.00 May Be
	Country	28 // // // // // // // // // // // // //	Country	Trust Fund Contribution	Added to Fees
Z 3301	.2 Country US	_	us us	8. This corporation owes or has paid to Personal Property Tax due June 30.	ne current year tritangible ☐ Yes ☐ No
21	9. Name and Address of Curre		03	10. Name and Address of New Regist	
	075 W 68TH ST SUITE 205 HALEAH FL 33012		82 Street Add 18	AMARIS OLIVA ress (P.O. Box Number is Not Acceptable) 340 w 49 ST 222 aleah	FL 85 33672
11. Pursuant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statutes			
office or	registered agent, or both, in the State	of Horida. Such change was au	thorized by the corpora	poration submits this statement for the purp tion's board of directors. I hereby accept th	e appointment as registered
	\times $N(0)$	anima di, secuori 607.0505, Fiori	DAMARTS OI	IVA, REGISTERED AGE	ייסואי
SIGNATURE		stand to enhappicable (NOTE:	Regislated Agent signature requi		DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P /	L_] DELETE	1.1 THLE		Change Addition
NAME	OLIVA, DAMARIS	ne	1.2 NAME		
STREET ADDRESS	1075 W 68TH ST SUITE 20 HIALEAH FL 33012	UO .	1.3 STREET ADORESS	,	
CITY - ST - 7)P TITLE	V V	DELETE	1.4 City-ST-ZIP 2.1 Title		Change Addition
NAME	RODRIGUEZ, JAIME		2.2 NAME		
STREET ADDRESS	1075 W 68TH ST SUITE 20	05	2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CHY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP	·	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		€ Dittell	5.1 TITLE		L GHANGE L AGGILLON
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS					
CITY - ST - ZIP FITLE		DELETE	5.4 City - S1 - ZIP 6.1 Title		Change Addition
NAME					E Company
TREET ADDRESS	n		6.2 NAME 6.3 STREET ADDRESS		

14. Thereby 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 engineered 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 attrachment with an advices.

SIGNATURE:

PRESIDENT, DAMARIS OLIVA

FILED

Mar 25 1998 8:00am

Secretary of State