
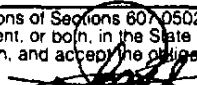
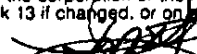


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000057641 1. Corporation Name HI-TECH MEDICAL SUPPLIES, INC.					
Principal Place of Business 50 N.W. 51 Place #3-B Miami, FL. 33126			Mailing Address 3664 N.W. 2nd St. Miami, FL. 33125		
2. Principal Place of Business 21 7803 N. Orange Blossom Trail Suite, Apt. #, etc. #11 City & State Orlando, FL. Zip 32810 Country USA		2a. Mailing Address 26 7803 N. Orange Blossom Trail Suite, Apt. #, etc. #11 City & State Orlando, FL. Zip 32810 Country USA		3. Date Incorporated or Qualified 08/04/94 3a. Date of Last Report 1997	
4. FEI Number 65-0512784 Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Fuste, Angel, R. 3664 N.W. 2nd St. Miami, FL. 33125			10. Name and Address of New Registered Agent 81 Name Ibanez Canasi, Lourdes 82 Street Address (P.O. Box Number is Not Acceptable) 7803 N. Orange Blossom Trail, #11 83 84 City Orlando FL 85 Zip Code 32810		
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 <input checked="" type="checkbox"/>  <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE 2/18/98 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME Fuste, Angel, R. STREET ADDRESS 3664 N.W. 2 St. CITY-ST-ZIP Miami, FL. 33125			11 TITLE D/P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME Ibanez Canasi, Lourdes 13 STREET ADDRESS 7803 N. Orange Blossom Trail, #11 14 CITY-ST-ZIP Orlando, FL. 32810		
TITLE D <input checked="" type="checkbox"/> DELETE NAME Pena, Jose M., Jr. STREET ADDRESS 165 S.W. 130 Ave CITY-ST-ZIP Miami, FL. 33184			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 70000244353 63 STREET ADDRESS -03/02/98--01018--005 64 CITY-ST-ZIP ***150.00		
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: <input checked="" type="checkbox"/> 		DATE 2/18/98 (407) 528-7558			

CR2F034 (0/06)