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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

SIGNATURE:

P94000062438

MEDICAL EMPORIUM CORP.

Mailing Address

8. A LILLISED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90230 029 ***150.00

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(305) 971-7177

Daytime Phone #

04-29-99

incipal Place of Business 2a. Mailing Address 26 17021 South Dix State, Apt. #, etc		3. Date Incorporated or Qualifed 08-24-1994	S SPACE	<u></u>
incipal Place of Business 2a. Mailing Address 2b. 17021 South Dix: State, Apt. #, etc. State, Apt. #, etc.		08-24-1994		
26 17021 South Dix				
26 17021 South Dix				
ite, Apt. #, etc Suite, Apt_#, etc		4. FEI Number	<u> </u>	pplied For lot Applicab
, Apr. 11, 5132	<u>ie Hwy</u>	65-0513924	ll	Additional
		5. Certificate of Status Desired		equired
y & State City & State		6. Election Campaign Financing	•	May Be
28 Miami FL		Trust Fund Contribution		to Fees
Country	ountry	8. This corporation owes the current year In		□No
25 29 33157 30		Personal Property Tax.	∐ Yes	
Name and Address of Current Registered Agent	Od Name	10. Name and Address of New Registered	Agent	
ELASCO DOLORES	81 Name			
	82 Street Addres	ss (P.O. Box Number is Not Acceptable)		
7021 South Dixie Hwy				
iami, FL 33157	83			
	84 City	FL	85 Zip (Code
ursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				registered
Signature, typics or printed traine or registered again and the	aq Ydaut ziði rapna taðni ag w	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO)RS IN 12
OFFICERS AND DIRECTORS 13	-		Change	Additi
PTSD DELETE 1.1		ce-President	Change	
VELASCO DOLOKES	NAME PONS	S ROSA 95 SW 62 St # 4		
ADDRESS 17021 South Dixie Hwy 13	311CET ADDRESS			
2P Miami FL 33157 14	CITY-ST-ZIP Mian	mi F1 33183	Change	☐ Adda
TLE DELETE	TITLE			_
1	NAME			
ADDRESS 2.3	STREET ADDRESS	•		
- ZIP	CITY-ST-ZIP		Change	Addit
	TITLE		L	
	NAME			
ADDRESS	STREET ADDRESS			
· 21P	CITY-ST-ZIP		Change	Addit
	NAME			
42	STREET ADDRESS			
ADDRESS To the state of the sta	CITY-ST-ZIP			
ZIP	TITLE		Change	Addit
5.2	NAME			
5.3	STREET ADDRESS			
ADDRESS 5.4	CITY-S'T-ZIP			T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ZIP DELETE 6.1	TITLE		Change	Additi
6.2	NAME			
ADDRESS 6.33	STREET ADDRESS			
ZIP 6.44 Exercise that the information supplied with this filing does not qualify for the exercise certify that the information supplied with this filing does not qualify for the exercise certify that the information supplied with this filing does not qualify for the exercise certify that the information supplied with this filing does not qualify for the exercise certification.	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	10 11 11 1	- (a em = 1 = =