FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 31 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001504242
-06/02/95--01018--014
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000065291

1. Corporate Name: A & V Medical Services & Supplies Corp.

Principal Place of Business: 1101 S.W. 1st Street, Miami, Florida 33135
Mailing Address: same

3. Date Incorporation or Qualified: 9/6/94
3a. Date of Last Report: 9/6/94

2. Principal Place of Business: 21 same as above
2a. Mailing Address: 26 same as above
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24, Country 25 / Zip 29, Country 30

4. FEI Number: 65-0517905 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Law Office of Lawrence J. Spiegel
343 Almeria Avenue
Coral Gables, Florida

10. Name and Address of New Registered Agent

81 Name: NARCISA G. GARCIA
82 Street Address (P.O. Box Number is Not Acceptable)
83 1101 S.W. 1st Street
84 City: Miami FL 85 Zip Code: 33135

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/V-President/Director	TITLE	President/V-President/Director/Secretary ☐ Change ☐ Addition
NAME	Olgar Anthony Vega	NAME	Narcisa G. Garcia
STREET ADDRESS	2295 S.W. 9th Street, No. 14	STREET ADDRESS	1101 S.W. 1st Street
CITY-ST-ZIP	~~Miami, Florida 33135~~	CITY-ST-ZIP	~~Miami, Florida 33135~~
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
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TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	TLS 5/31/95
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/30/95 Daytime Phone: 305(545 0044)