

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUN 23 PM 3: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**300001524683**

**-06/27/95--01080--008**

**\*\*\*225.00 \*\*\*225.00**

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # P94000068614**

1. Corporation Name

**YAIMA MEDICAL SUPPLY, INC.**

Principal Place of Business

Mailing Address

3065 NW 2nd St.  
Miami, Fl 33125

3. Date Incorporated or Qualified  
**09/19/9479**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. **85 Grand Canal Dr.**

26. **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. **Suite 207**

27.

City & State

City & State

23. **Miami, Fl**

28.

24. **33144**

Country

29.

Country

30.

4. FBI Number  
**65-0521879**

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

10. Name and Address of New Registered Agent

Lazaro R. Rodriguez  
1700 SW 57th Lane  
Suite 206  
Miami, Fl 33155

81 Name **Regina B. Navarro**

82 Street Address (P.O. Box Number is Not Acceptable)  
**85 Grand Canal Dr.**

83 **Suite 207**

84 City  
**Miami**

**FL**

85 Zip Code  
**33144**

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 officer 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

*Regina Navarro*

06/13/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	Regina B. Navarro
STREET ADDRESS	85 Grand Canal Dr.
CITY-ST-ZIP	Suite 207 Miami, Fl 33144
TITLE	D
NAME	Jose R Davila
STREET ADDRESS	11273 SW 7th Terr.
CITY-ST-ZIP	Miami, FL 33164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Regina Navarro*  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNER OF FICER OR DIRECTOR

6/13/95 (305) 265-0685