FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000070547 (2)**

1. Corporation Name

"MARABAR MEDICAL SUPPLY, CORP."

Principal Place of Business

~~8244 NW SOUTH RIVER DR.~~
~~MEDLEY FL 33166~~

Mailing Address

8889 FOUNTAINBLEAU BLVD.
APT #411
MIAMI FL 33172

2. Principal Place of Business

21 1801 N.W. 7th Street
Suite, Apt. #, etc.
22 7
City & State
23 Miami, FL
Zip
24 33125
County
25 Dade

2a. Mailing Address

26 1801 N.W. 7th Street
Suite, Apt. #, etc.
27 7
City & State
28 Miami, FL
Zip
29 33125
County
30 Dade

3. Date Incorporated or Qualified: 09/23/1994

3a. Date of Last Report: 10/23/1995

4. FEI Number: 65-0527319 — 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

GONZALEZ, PEDRO A
8244 NW SOUTH RIVER DR.
MEDLEY FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1801 N.W. 7th Street

83 Suite 7

84 City
Miami FL

85 Zip Code
33125

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

12. OFFICERS AND DIRECTORS

TITLE	DPTS	☐ DELETE
NAME	GONZALEZ, PEDRO A	
STREET ADDRESS	~~8889 FOUNTAINBLEAU BLVD. #411~~	
CITY-ST-ZIP	~~MIAMI FL 33172~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☒ Change ☐ Addition
1 NAME		
1 STREET ADDRESS	1801 N.W. 7th Street, Suite 7	
1 CITY-ST-ZIP	Miami, FL 33125	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Pedro Gonzalez — Pedro A. Gonzalez — 01/17/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #