

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000070643 (9)

1. Corporation Name
KACT MEDICAL SUPPLIES, INC.



Principal Place of Business Mailing Address
520 N.W. 114TH AVE., APT. 102 MIAMI FL 33172 **520 N.W. 114TH AVE., APT. 102 MIAMI FL 33172**

| | | | | | |
|--------------------------------|--------------------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/26/1994 | 3a. Date of Last Report 06/22/1995 |
| 21 | 520 NW 114 Ave Apt. 102 | 26 | SAVE | 4. FEI Number 65-0521326 | Applied For Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25 | Country | 30 | Country | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MIRANDA, PURIFICACION 520 N.W. 114TH AVE., APT. 102 MIAMI FL 33172 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------------------|---------------------------------|--------------------|---|-----------------------------------|--|--|
| TITLE | DPS | <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | MIRANDA, PURIFICACION | | 12. NAME | | | | |
| STREET ADDRESS | 520 N.W. 114TH AVE., APT. 102 | | 13. STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33172 | | 14. CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 2. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 22. NAME | | | | |
| STREET ADDRESS | | | 23. STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 24. CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 3. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 32. NAME | | | | |
| STREET ADDRESS | | | 33. STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 34. CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 42. NAME | | | | |
| STREET ADDRESS | | | 43. STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 44. CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 52. NAME | | | | |
| STREET ADDRESS | | | 53. STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 54. CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6. TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 62. NAME | | | | |
| STREET ADDRESS | | | 63. STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 64. 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)(k), 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: *Purificacion Miranda* 4/29/96 (205) 225-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)