

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: **520 N.W. 114TH AVE., APT. 102 MIAMI FL 33172**
Mailing Address: **520 N.W. 114TH AVE., APT. 102 MIAMI FL 33172**

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

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)