

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

CORPORATE
AND
ARTISTAL

1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
32399-0001

DOCUMENT # P94000073399 (5)

MASS DURABLE MEDICAL INC.

APPROVED
AND
FILED

50 MAY -1 PM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIS DAY OF MAY 1995

MASS DURABLE MEDICAL INC.

9766 N.W. 4TH LANE
MIAMI FL 33172

9766 N.W. 4TH LANE
MIAMI FL 33172

EXPIRATION DATE: 10/06/1994

3. Date of registration	3a. Date of last report
10/06/1994	
4. Filing Number	Approved For Next Application
65-0535238	
5. Contribution of Salary (Required)	\$8.75 Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution	\$5.00 May Be Added to Fees
8. Other applicable fees (optional fee schedule for election trust fund contribution)	

2. Filing Number	2a. Filing Address
21. Filing Address	26. Filing Address
22. Filing Address	27. Filing Address
23. Filing Address	28. Filing Address
24. Filing Address	29. Filing Address
25. Filing Address	30. Filing Address

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IMBERNON, NILDA
9766 N.W. 4TH LANE
MIAMI FL 33172

81. Name	85. Filing Number
82. Street Address	
83. City	
84. State	FL

11. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in section 190.01, Florida Statutes, and that my signature shall be a true and correct representation of the information supplied and that my signature shall be a true and correct representation of the information supplied and that my signature shall be a true and correct representation of the information supplied.

12. Name and Address of Registered Agent	13. Name and Address of New Registered Agent
PD GONZALEZ, TARI 9766 N.W. 4TH LANE MIAMI FL 33172	PVST IMBERNON, NILDA
14. Name and Address of Registered Agent	15. Name and Address of New Registered Agent
16. Name and Address of Registered Agent	17. Name and Address of New Registered Agent
18. Name and Address of Registered Agent	19. Name and Address of New Registered Agent
20. Name and Address of Registered Agent	21. Name and Address of New Registered Agent
22. Name and Address of Registered Agent	23. Name and Address of New Registered Agent
24. Name and Address of Registered Agent	25. Name and Address of New Registered Agent
26. Name and Address of Registered Agent	27. Name and Address of New Registered Agent
28. Name and Address of Registered Agent	29. Name and Address of New Registered Agent
30. Name and Address of Registered Agent	31. Name and Address of New Registered Agent

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in section 190.01, Florida Statutes, and that my signature shall be a true and correct representation of the information supplied and that my signature shall be a true and correct representation of the information supplied.

SIGNATURE: *Nilda Imbernon* 461/95 205-226-5351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL ON FILE