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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000075090 (8)

1. Corporation Name

THE MEDICAL SUPPLY STORE OF MIAMI, INC.

Principal Place of Business

8201 NW 64TH ST., SUITE 2
MIAMI FL 33186

Mailing Address

P.O. BOX 691705
MIAMI FL 33159-1705

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 3900 N.W. 79 AV

Suite, Apt. #, etc.

22 562

City & State

23 MIAMI FL

24 Zip 33166

Country

25 US

2a. Mailing Address

26 3900 NW 79 AVE

Suite, Apt. #, etc.

27 STE 562

City & State

28 M.I.A.M. FL

29 Zip 33166

Country

30 US

4. FEI Number

65-0535158

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

CANASI, MANUEL JR
10314 NW 58 ST
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name

LOURDES IBANEZ - CANASI

82 Street Address (P.O. Box Number is Not Acceptable)

3900 NW 79 AV

83

STE 562

84 City

MIAMI

FL

85 Zip Code

33166

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 607.050, Florida Statutes.

SIGNATURE: LOURDES IBANEZ - CANASI

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

4/24/97

12. OFFICERS AND DIRECTORS

TITLE PST ☒ DELETE

NAME CANASI, MANUEL JR

STREET ADDRESS 10314 NW 58 ST.

CITY - ST - ZIP MIAMI FL 33178

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

1.1 TITLE PST ☐ Change ☒ Addition

1.2 NAME LOURDES IBANEZ CANASI

1.3 STREET ADDRESS 5595 NW 102 CT

1.4 CITY - ST - ZIP MIAMI FL 33166

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/97 (305) 715 7330

CP2E034 (9/96)