

PROFIT  
CORPORATION  
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90044 045 \*\*\*150.00

DOCUMENT # P94000076701

1. Corporation Name

DAKY MEDICAL SUPPLY, CORP.

A0027306

Principal Place of Business

951 SW 87TH AVE.

#B

MIAMI, FL. 33174

US

Mailing Address

951 SW 87TH AVE.

#B

MIAMI, FL. 33174

US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4730 W FLAGLER ST.

Suite, Apt. #, etc.

City &amp; State

MIAMI, FL. 33134

Zip

33134 25 U.S.A.

2a. Mailing Address

26 4730 W FLAGLER ST.

Suite, Apt. #, etc.

City &amp; State

28 MIAMI, FL. 33134

Zip

29 33134 30 U.S.A.

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

65-0535968

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, MARIA E.  
8211 SW 12 TERRACE  
MIAMI, FL. 33144

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME GARCIA, MARIA E.  
STREET ADDRESS 8211 SW 12 TERRACE  
CITY-ST-ZIP MIAMI, FL. 33144TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: X MARIA ELENA MAUZANO

02/23/00

Daytime Phone #