

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000085675 (4)

1. Corporation Name
MEDICAL SUPPLIES AND EQUIPMENT INC.

Principal Place of Business

7985 NW 67 STREET
MIAMI FL 33266
US

Mailing Address

6400 W 25 LANE
HIALEAH FL 33016-4347
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1301 W. 68 Street	26	1301 W. 68 Street	11/21/1994	02/09/1996
22. Suite/Apt. #, etc.		27. Suite/Apt. #, etc.		4. FFI Number	Applied For
E-3A		E-3A		65-0540531	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Hialeah, FL		Hialeah, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
33014		33014		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25. Country		30. Country		<input type="checkbox"/> Yes <input type="checkbox"/> No	
USA		USA			

9. Name and Address of Current Registered Agent

GONZALEZ, DUVIER
6400 W. 25TH LANE
HIALEAH FL 33016

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 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.

I, the above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, DUVIER	
STREET ADDRESS	6400 W. 25TH LANE	
CITY-ST-ZIP	HIALEAH FL 33016	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1. NAME	Eddy Gorrin	
1. STREET ADDRESS	16730 NW 80th Ct.	
1. CITY-ST-ZIP	Miami, FL 33016	

2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		

3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		

4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		

5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		

6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

7. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		
7. STREET ADDRESS		
7. CITY-ST-ZIP		

8. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		
8. STREET ADDRESS		
8. CITY-ST-ZIP		

9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		
9. STREET ADDRESS		
9. CITY-ST-ZIP		

10. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
10. STREET ADDRESS		
10. 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: *Gonzalez, Duvier*

GONZALEZ, DUVIER

1/30/97 (205) 798-2628

CR2E034 (9/96)