

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000085675 (4)

1. Corporation Name

MEDICAL SUPPLIES AND EQUIPMENT INC.

Principal Place of Business

7005 NW 67 STREET  
MIAMI FL 33266  
US

Mailing Address

6400 W 25 LANE  
HIALEAH FL 33016-4347  
US

2. Principal Place of Business

21 1301 W. 68 Street

2a. Mailing Address

Suite Apt. #, etc.

26 1301 W. 68 Street

Suite Apt. #, etc.

22 E-3A

27 E-3A

City & State

23 Hialeah, FL

28 Hialeah, FL

City & State

Zip

29 33014

Zip

24 33014

29 33014

Country

30 USA

9. Name and Address of Current Registered Agent

GONZALEZ, DUVIER

6400 W. 25TH LANE

HIALEAH FL 33016

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

02/09/1996

4. FEI Number

65-0540531

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

□ Yes

□ No

10. Name and Address of New Registered Agent

61 Name

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

63

64 City

FL 65 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: Register Agent Signature required when reinstating)

DAE

12. OFFICERS AND DIRECTORS

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		1. TITLE	
1. TITLE	PD	2. NAME	PD
1. NAME	Eddy Gonzalez	2. NAME	Eddy Gonzalez
1. STREET ADDRESS	16730 NW 80th Ct.	2. STREET ADDRESS	16730 NW 80th Ct.
1. CITY-ST-ZIP	Miami, FL 33166	2. CITY-ST-ZIP	Miami, FL 33166

		1. TITLE	
		2. NAME	
2. TITLE	PD	3. NAME	PD
2. NAME	Eddy Gonzalez	3. NAME	Eddy Gonzalez
2. STREET ADDRESS	16730 NW 80th Ct.	3. STREET ADDRESS	16730 NW 80th Ct.
2. CITY-ST-ZIP	Miami, FL 33166	3. CITY-ST-ZIP	Miami, FL 33166

		1. TITLE	
		2. NAME	
3. TITLE	PD	4. NAME	PD
3. NAME	Eddy Gonzalez	4. NAME	Eddy Gonzalez
3. STREET ADDRESS	16730 NW 80th Ct.	4. STREET ADDRESS	16730 NW 80th Ct.
3. CITY-ST-ZIP	Miami, FL 33166	4. CITY-ST-ZIP	Miami, FL 33166

		1. TITLE	
		2. NAME	
5. TITLE	PD	6. NAME	PD
5. NAME	Eddy Gonzalez	6. NAME	Eddy Gonzalez
5. STREET ADDRESS	16730 NW 80th Ct.	6. STREET ADDRESS	16730 NW 80th Ct.
5. CITY-ST-ZIP	Miami, FL 33166	6. CITY-ST-ZIP	Miami, FL 33166

		1. TITLE	
		2. NAME	
7. TITLE	PD	8. NAME	PD
7. NAME	Eddy Gonzalez	8. NAME	Eddy Gonzalez
7. STREET ADDRESS	16730 NW 80th Ct.	8. STREET ADDRESS	16730 NW 80th Ct.
7. CITY-ST-ZIP	Miami, FL 33166	8. CITY-ST-ZIP	Miami, FL 33166

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: *Gonzalo Duvier*

Gonzalo Duvier

1/30/97 (205) 798-2628

CR2E034 (9/96)