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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000085675

1. Corporation Name
MEDICAL SUPPLIES AND EQUIPMENT INC.

Principal Place of Business

1301 W 68TH ST
 E-3A
 HIALEAH FL 33014
 US

Mailing Address

1301 W 68TH ST
 E-3A
 HIALEAH FL 33014
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1117 W Okeechobee Rd		26 1117 W Okeechobee Rd		11/21/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 119		27 119		65-0540531	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 Hialeah Gardens, FL		28 Hialeah Gardens, FL		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 33018		29 33018		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 USA		30 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 **Giselle Freyre**
 82 Street Address (P.O. Box Number is Not Acceptable)
1117 W Okeechobee Rd Suite 119
 83
 84 City **Hialeah Gardens** FL 85 Zip Code **33018**

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

Giselle Freyre

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	GORRIN, EDDY	1.2 NAME	Giselle Freyre
STREET ADDRESS	16730 NW 80TH CT	1.3 STREET ADDRESS	16027 N.W. 45 AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33054
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (305)822-0983

Daytime Phone #

CR2E034 (11/98)