

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

(Sandra B. Morham)
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000000579 (9)

1. Corporation Name

RAPID MEDICAL SUPPLIES, INC.

Principal Place of Business

1700 S.W. 57TH AVE.
SUITE 206
MIAMI FL 33155

Mailing Address

1700 S.W. 57TH AVE.
SUITE 206
MIAMI FL 33155



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

GUTIERREZ, ELIA
1700 S.W. 57TH AVE.
SUITE 206
MIAMI FL 33155

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/04/1995

3a. Date of Last Report

4. FLL Number

65-0543270

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

SIGNATURE

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

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

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PSD
GUTIERREZ, ELIA
2651 S.W. 117
MIAMI FL 33175

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VTD
SAHEL, JORGE
2651 S.W. 117
MIAMI FL 33175

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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30. TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 (305) 552-8002

CR2E034 (12/95)