

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra Bay, Thelma 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip

2a. Mailing Address

26 425 S.W. 22 AVE.  
27 SUITE I. MIAMI, FL.  
28 33135  
29 City & State  
30 Zip

3. Date Incorporated or Qualified

01/04/1995

4. FEI 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name GUTIERREZ, ELIA  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 425 S.W. 22 AVE SUITE I  
84 MIAMI, FL. 33135  
85 Zip Code FL

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

6/12/98

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, ELIA	
STREET ADDRESS	2651 S.W. 117	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SAHEL, JORGE	
STREET ADDRESS	2651 S.W. 117	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Elia Gutierrez

6/14/98 (305) 262-1199

CR2E034 (10/97)