SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000006012 (5)**

1. Corporation Name
W & O MEDICAL EQUIPMENT SUPPLY, INC.

Principal Place of Business: ~~3955 SW 137 AVENUE SUITE 3 MIAMI FL 33144~~ 1147 PALM AVE HIALEAH, FL. 33010

Mailing Address: ~~3955 SW 137 AVENUE SUITE 3 MIAMI FL 33144~~ 1147 PALM AVE HIALEAH, FL. 33010

3. Date Incorporated or Qualified: 01/24/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1147 PALM AVE
22 Suite, Apt #, etc
23 City & State: HIALEAH, FLORIDA.
24 Zip: 33010
25 Country: DADE

2a. Mailing Address
26 1147 PALM AVE
27 Suite, Apt #, etc.
28 City & State: HIALEAH, FLORIDA
29 Zip: 33010
30 Country: DADE

4. FEI Number: 65-0548634 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
SADE, JORGE O
~~3955 SW 137 AVENUE SUITE 3 MIAMI FL 33144~~ 1147 PALM AVE HIALEAH, FL. 33010.

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 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 _____ (NOTE: Registered Agent signature required when needed) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SADE, JORGE O	1.2 NAME	
STREET ADDRESS	~~3955 SW 137 AVENUE/SUITE 3~~ 1147 PALM AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33144~~ HIALEAH FL 33010	1.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SADE, JORGE O	2.2 NAME	
STREET ADDRESS	~~3955 SW 137 AVENUE/SUITE 3~~ 1147 PALM AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33144~~ HIALEAH, FL. 33010	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JORGE O. SADE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 06/05/96 — Daytime Phone # (305) 8828616

CR2E034 (3/96)