

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000012439 (2)
 1. Corporation Name
GISELLE MEDICAL SUPPLIES, INC.



Principal Place of Business Mailing Address

~~1350 MADRUGA AVE
 STE 334
 CORAL GABLES FL 33146
 US~~

~~1350 MADRUGA AVE
 SUITE 334
 CORAL GABLES FL 33146
 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 10484 SW 72 Street 26 10484 SW 72 Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 MIAMI FL. 28 MIAMI FL

24 33173 25 DADE 29 33173 30 DADE

3. Date Incorporated or Qualified
 02/14/1985

4. FEI Number
 65-0555044

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

9. Name and Address of Current Registered Agent

GONZALEZ, EDUARDO
 1515 S.W. 84TH COURT
 MIAMI FL 33144

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, EDUARDO	
STREET ADDRESS	1515 S.W. 84TH COURT	
CITY-ST-ZIP	MIAMI FL 33144	
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		
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	50000260950
5.3 STREET ADDRESS	-08/06/98--01064--002
5.4 CITY-ST-ZIP	***150.00
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: *Eduardo Gonzalez* (305) 667-1215

CR2E034 (5/98)

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Jul 17, 1998

ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Fl. 32314

Ref. GISELLE MEDICAL SUPPLIES, INC
DOCUMENT NO P-95000012439
FEIN: 65-0555044

Dear Sirs,

I am sending this letter as per your instructions by telephone yesterday. Be advised that we never get the first Annual Report-Form of 1998 to pay the annual fees.

Therefore, please find enclosed a check No. 1732 in the amount of \$150.00 .

Please accept my excuses and update my records accordingly.

My new address is:

10484 SW 72nd Street
Miami Fl. 33173

Thanks for your attention,

Sincerely,



EDUARDO GONZALEZ
PRESIDENT