

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 # P95000022503 (3)

1. Corporation Name

MEDISYS FORMS & SUPPLIES, INC.



Principal Place of Business

Mailing Address

**3912 NORTH 29TH AVENUE
HOLLYWOOD FL 33020**

**3912 NORTH 29TH AVENUE
HOLLYWOOD FL 33020**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

**LOPEZ, JORGE A ESQ.
2500 N.W. 79TH AVENUE
MIAMI FL 33122**

3. Date Incorporated or Qualified

3a. Date of Last Report

03/20/1995

4. FEI Number

Applied For
Not Applicable

65-0651868

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

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D**
STREET ADDRESS **ESPER, GEORGE**
CITY-STATE-ZIP **3912 NORTH 29TH AVENUE
HOLLYWOOD FL 33020**

1.1 TITLE **D/P** Change Addition
1.2 NAME **ESPER, GEORGE**
1.3 STREET ADDRESS **3912 N. 29 Ave**
1.4 CITY-STATE-ZIP **Hollywood, FL 33020**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE **D/C** Change Addition
2.2 NAME **ALVAREZ, JOSE M.**
2.3 STREET ADDRESS **2500 N.W. 79 AVE**
2.4 CITY-STATE-ZIP **MIAMI, FL 33122**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE **D/V** Change Addition
3.2 NAME **ESPER, AL**
3.3 STREET ADDRESS **3912 N. 29 Ave**
3.4 CITY-STATE-ZIP **Hollywood, FL 33020**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE **D/T** Change Addition
4.2 NAME **TORGAS, ED S.**
4.3 STREET ADDRESS **2500 N.W. 79 Ave**
4.4 CITY-STATE-ZIP **Miami, FL 33122**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE **D/V** Change Addition
5.2 NAME **FERNANDEZ, SERGIO**
5.3 STREET ADDRESS **2500 N.W. 79 AVE**
5.4 CITY-STATE-ZIP **MIAMI, FL 33122**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE **S** Change Addition
6.2 NAME **LOPEZ, JORGE A.**
6.3 STREET ADDRESS **2500 N.W. 79 Ave**
6.4 CITY-STATE-ZIP **Miami, FL 33122**

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

SIGNATURE: **JORGE A. LOPEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
DATE

305-715-0000 X3378
DAYSIDE PHONE #

CR2E034 (12/95)