

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 # P95000023875 (4)

1. Corporation Name
FINLAY MEDICAL SUPPLY, INC.



Principal Place of Business: 1020 SW 86TH CT. MIAMI FL 33144
Mailing Address: 1020 SW 86TH CT. MIAMI FL 33144

3. Date Incorporated or Qualified: 03/23/1995
3a. Date of Last Report

2. Principal Place of Business: 21 1436 E. 4 AVE
22 Suite, Apt. #, etc.
23 City & State: HIALEAH, FL
24 Zip: 33010 25 Country: DADE
26 Mailing Address: 26 1436 E. 4 AVE
27 Suite, Apt. #, etc.
28 City & State: HIALEAH FL
29 Zip: 33010 30 Country: DADE

4. FEI Number: 65-0560301
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
GUTIERREZ, BLANCA R
1020 SW 86TH CT.
MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name: JUAN C. ARCE
82 Street Address (P.O. Box Number is Not Acceptable): 1436 E. 4 AVE
83
84 City: HIALEAH FL 85 Zip Code: 33010

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: *Juan C. Arce* Juan C. Arce, Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	DR	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, BLANCA R	
STREET ADDRESS	1020 SW 86TH CT.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	LOREDO, EDUARDO W	
STREET ADDRESS	1020 SW 86TH CT.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, ONELIO E	
STREET ADDRESS	1020 SW 86TH CT.	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JUAN C. ARCE	
1.3 STREET ADDRESS	7416 E. 45 ST	
1.4 CITY-ST-ZIP	HIALEAH, FL 33010	
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 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: *Juan C. Arce* Juan C. Arce, Registered Agent

CR2E034 (12/95)