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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000027908 (9)

1. Corporation Name
M A MEDICAL SUPPLIES CORP.



Principal Place of Business: 801 MADRID ST. #106 CORAL GABLES FL 33134
Mailing Address: 801 MADRID ST. #106 CORAL GABLES FL 33134-2262

3. Date Incorporated or Qualified: 04/07/1995
3a. Date of Last Report: 04/16/1996
4. FEI Number: 65-0573963
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: FAYA, HIGINIO, 801 FOUNTAINBLUE BLVD, #417, CORAL GABLES FL 33172
10. Name and Address of New Registered Agent: 81 Name: FAYA, HIGINIO, 82 Street Address: 801 MADRID ST #106, 83 City: CORAL GABLES FL, 85 Zip Code: 33134

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: 1.1 TITLE: PTSD, 1.2 NAME: FAYA, HIGINIO, 1.3 STREET ADDRESS: 801 FOUNTAINBLUE BLVD, #417, 1.4 CITY - ST - ZIP: MIAMI FL 33172
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS: 801 MADRID ST #106, 1.4 CITY - ST - ZIP: CORAL GABLES, FL 33134

14. I do 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 in an attachment with an address.

SIGNATURE: [Signature] 3-13-97 (305) 774-9008
Date: 3-13-97 Daytime Phone #: (305) 774-9008

CR2E034 (9/96)