FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Socretary of State l 1996 DIVISION OF CORPORATIONS P95000031489 (4) **DOCUMENT** # ROYAL TECH MEDICAL SUPPLIES, INC. Principal Place of Business Mailing Address 16300 N.W. 84TH AVENUE 16300 N.W. 84TH AVENUE MIAMI FL 33016 MIAMI FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 04/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032. $Z_{\rm ID}$ Country 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALAS, CESAR J 82 Street Address (P.O. Box Number is Not Acceptable) 16300 N.W. 84TH AVENUE **MIAMI FL 33016** 83 City 84 Zip Code 85 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 Statu of Egipta. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Laminar with, and accept the objections of Section 507.0505, Blonida Statutes. Signer of type of Sopol 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 THE Change Addit on NAME ALAS, CESAR J 1.2 NAME CR2E034 16300 N.W. 84TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS City-St-ZiP MIAMI FL 33016 14 CITY - ST - ZIE TITLE [] DELETE 2.1 THEF ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C-TY - ST - ZIF TITLE DELETE 4 1 TiTLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET AUDRESS CITY-ST-ZIP 4.4 CPY+ST+ZP THILE DELFTE 5 1 TITLE 40000183125°° NAME 5.2 NAMS -05/21/96--01032--001 STREET ADDRESS 5.3 STREET ADDRESS ***233.75 CITY-SI-2IF 5.4 CiTY - ST - 2IP TITLE DELETE 6.17016 neitibbA [] NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-76 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 supplienental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/96 556-9813

(12/95)