FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

APPROVED AND FILED

pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1998

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

98 MAY 11 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031832

1. Corporation Name
All-U-Need Medical Supplies Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number: 65-0579081 — Applied For / Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 7221 SW 24 st.	26 7221 SW 24 st.
Suite, Apt. #, etc. 22 206	Suite, Apt. #, etc. 27 206
City & State 23 Miami, Fl.	City & State 28 Miami, Fl.
Zip 24 33155 — Country 25	Zip 29 33155 — Country 30

9. Name and Address of Current Registered Agent

Barbara Colina
7221 SW 24 st. #206
Miami, Fl. 33155

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: *Barbara Colina* — DATE 5/7/98

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	BARBARA COLINA	
STREET ADDRESS	7221 SW 24 st. #206	
CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (1 TITLE, 1 NAME, 1 STREET ADDRESS, 1 CITY-ST-ZIP)
☐ Change ☐ Addition (3 TITLE, 3 NAME, 3 STREET ADDRESS, 3 CITY-ST-ZIP)
☐ Change ☐ Addition (4 TITLE, 4 NAME, 4 STREET ADDRESS, 4 CITY-ST-ZIP)
☐ Change ☐ Addition (5 TITLE, 5 NAME, 5 STREET ADDRESS, 5 CITY-ST-ZIP)
☐ Change ☐ Addition (6 TITLE, 6 NAME, 6 STREET ADDRESS, 6 CITY-ST-ZIP)

200002520712--5
-05/12/98--01078--008
****150.00 ****150.00

A. Alan 5/11/98

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: *Barbara Colina* — 5/7/98 — 267-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #