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

PROFIT **CORPORATION** ANNUAL REPORT 1992



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1000	·					
DOCU 1. Corporalio	MENT # P9500	0031917 (4)					
	MEDICAL SUPPLY, INC.						
1	*				S INGLIANT THE PART AND ABOUT BOTT BOTT AND THE	AN ANAN KINI KANA 188	11
	·						1
Principal Plac	ce of Business	Mailing Address		·————	r (a bistad) isa sakar milit adini adili datu bacan indi isa	in Inini (1811 (841 188	11
7951 SW 40	ST	7951 SW 40TH ST					
SUITE 217		SUITE 217			DO NOT WRITE IN THIS SPA		
MIAMI FL 33155 US		MIAMI FL 33155 US		3. Date Incorporated or Qualified			
03		03			04/24/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied Fo	
21		26		65-0574378	Not Applic		
Suite, Apl. #, etc.		Suite, Apt. #, etc.				8.75 Additiona	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State				\$5.00 May Be	,
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	У	8. This corporation owes or has paid the current		
24 25 29 30 9. Name and Address of Current Registered Agent			30		Personal Property Tax due June 30. 10, Name and Address of New Registered Age		
		Trogisterou Agent	81	Name	10, Italia alla Addison di Itali Italia Algo		
GUTIERREZ, JOSE F 1676 S.W. 25TH AVE.			-	<u> </u>			
	AMI FL 33145		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1 4 14/16	MW 1 E 33143		83				-
			ļ				
Ì			84	City	FL [∦]	5 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the abov	e-named co	rporation submits this statement for the purpose of chalion's board of directors. I hereby accept the appoint	anging its registe	∍red
office or agent. I a	registered agent, or both, in the State am f am iliar with, and accept the oblig	e of Florida. Such change was au jations of, Section 607.0505, Flor	ilnorized b ida Statute	y tne corpora is.	ation's board of directors, I hereby accept the appoint	ment as registere	ea
SIGNATURE							i
	Signature, typied or printed name of registered ag			ent signature requ	uired when reinslating) DATE	DECTODO IVI 40	
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	Change Add	
TITLE NAME	QUTIERREZ, JOSE F		1.2 NAME			Change	1000
1	1676 S.W. 25TH AVENUE			i i			
STREET ADDRESS	MIAMI FL 33145		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP	VPD DELETE		2.1 TITLE	21.71		Change Add	dition
NAME	RODRIGUEZ, JIUDA		2.2 NAME		_		· · · · · ·
STREET ADDRESS	dama and armin and		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL		1	2. 4 CITY - ST - ZIP			
TITLE	. 		3.1 TITLE			Change Add	dition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	T ADDRESS			1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		····	
TITLE	L] DELETE		4.1 TILE			Change	noilit
NAME	1		4. 2 AME	Ì			Ì
STREET ADDRESS				T ADORESS			
CITY-ST-ZIP			4.4 0 17 - 5	ST-ZIP		Change 1 44.	dition
TITL€	1		5 1 TITLE			Change Add	TITION
NAME			5.2 NAME				ĺ
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP	<u> </u>	DELETE	6.4 C/TY - 5	SI-ZIP		Change Add	dition
TITLE		LJ DITTI	6.1 TITLE		10000258336		M
NAME STREET ADDRESS				T AODRESS	10000258336 -07/08/9801077045	")"	**
DINCE! MUUNEOO			OBBINEC	THE DITE OF	ቀላፊ 4 ሮሮ በሽ	7 21 1	

hithis filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information turnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an error trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in interval in Information. 14. I hereby certify that the information supplindicated on this annual report or supplindicate or director of the desporation by

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jul 08 1998 8:00am

Secretary of State