

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000034202 (8)

1. Corporation Name  
**G.T.M.O. MEDICAL SUPPLIES INC.**

Principal Place of Business	Mailing Address
1750 W 60TH STREET APT. 2 HIALEAH FL 33012 US	1750 WEST 60TH STREET APT. 2 HIALEAH FL 33012-6891 US

<b>3. Date Incorporated or Qualified</b> 05/02/1995	<b>3a. Date of Last Report</b> 04/16/1996
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<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

4. FEI Number	<b>65-0578407</b>	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent	
ARIEL PARRA	81 Name
1750 WEST 80TH STREET	82 Street Address
#2	83
HIALEAH FL 33012	84 City

**10. Name and Address of New Registered Agent**

\_\_\_\_\_

\_\_\_\_\_ (P.O. Box Number is Not Acceptable)

\_\_\_\_\_

\_\_\_\_\_

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

Signature, typing or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS	
TITLE	D		<input type="checkbox"/> DELETE
NAME	PARRA, ARIEL		
STREET ADDRESS	1750 WEST 60TH STREET, APT. 2		
CITY - ST - ZIP	HIALEAH FL		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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, unchanged, or on an attachment with an address.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.97

305-252-6533

Date \_\_\_\_\_

Daytime Phone #

0117620

CR2E034 (9/96)