

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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000038557 (1)**

1. Corporation Name

A & A MEDICAL SUPPLIES, INC.

Principal Place of Business

**2595 SW 87 AVENUE
MIAMI FL 33165**

Mailing Address

**2595 SW 87 AVENUE
MIAMI FL 33165-2026**



2. Principal Place of Business

21 **4800 W. FLAGLER ST # 218**

Suite, Apt. #, etc.

22 **218**

City & State

23 **MIAMI, FLORIDA**

Zip

24 **33134**

Country

2a. Mailing Address

26 **4800 W. FLAGLER ST**

Suite, Apt. #, etc.

27 **218**

City & State

28 **MIAMI, FLORIDA**

Zip

29 **33134**

Country

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0585135

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**LINARES, ALBERTO
2595 SW 87 AVENUE
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

ALBERTO LINARES

82 Street Address (P.O. Box Number is Not Acceptable)

83

4800 W. FLAGLER ST. # 218

84 City

MIAMI

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

TITLE **SD** ☒ DELETE

NAME **LINARES, ALBERTO**
STREET ADDRESS **2595 SW 87 AVENUE**
CITY - ST - ZIP **MIAMI FL 33165**

TITLE **PD** ☐ DELETE

NAME **LINARES, ALBERTO SR.**
STREET ADDRESS **2595 SW 87 AVENUE**
CITY - ST - ZIP **MIAMI FL 33165**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE **SITIP/D** ☒ Change ☒ Addition

2.2 NAME **ALBERTO LINARES, SR.**

2.3 STREET ADDRESS **4800 W. FLAGLER ST. # 218**

2.4 CITY - ST - ZIP **MIAMI, FL. 33134**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 if changed or on an attachment with an address

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

305-461-0909

Day

Daytime Phone #

CR2E034 (9/96)