FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000048491 (1) **DOCUMENT #**

1. Corporation Name V & W MEDICAL CORP.

Principal Place of Business

Mailing Address

5692 W. 25TH CT. HIALEAH FL 33016

5692 W. 25TH CT. HIALEAH FL 33016



							3. Date Incorporated or Qualifie 06/19/1995	d 3a . Date	of Last F	leport
2. Principal Place of Business			2a. Mailing Addre	2a. Mailing Address			4. FEI Number	, pn		Applied For
21			26				61-0190	1487		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi			
City & State	······································		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	25 29					Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			199.032,	
	9. Name and	Address of Curre	ent Registered Agent				10. Name and Address of Nev	v Registered	Agent	
					81	Name				
Rodriguez, Norma 5692 W. 25th Ct.					82	82 Street Address (P.O. Box Number is Not Acceptable)				
	VH FL 33016				83					
1111111111					84	City		FI	85 Zi	p Code
familiar with	ed agent, or both, h, and accept the	, in the State of Flo e obligations of, Sec	orida. Such change was a ection 607.0505, Florida S	iuthorized by the Statutes.	corp	drátion's board	ition submits this statement for the digital of directors. I hereby accept the a	purpose of cha ppointment as	inging its i registered	registered office I agent. I am
12.	Signature, typed or print	ed name of registered age	ant ann title if applicable IND DIRECTORS	(NOTE: Registere		it signature recoined		DATE DATE	DIDEOTA	200 111 40
TITLE	PD	OI FIOLIS A	DELET		TITLE		ADDITIONS/CHANGES TO C	77.00.007.00	Change	Addition
NAME	MARTINEZ	VICTOR			NAME			L	change	C) Addition
STREET ADDRESS	5692 W. 2	STH CT.				ADDRESS				
CITY-ST-ZIP	HIALEAH F				CHY-S					
TITLE			DELET		TITLE			r	Change	☐ Addition
NAME				221	NAME			_	-	
STREET ADDRESS				235	STREET	AUDRESS				
CITY-ST-ZIP				241	CHTY-S	T - ZIP				
TITLE			☐ DELET	JE 3. 1	TITLE				Change	Addition
NAME										
i				321	NAME	-		L		
STREET ADDRESS				-		ADDRESS		<u> </u>		
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pplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name int with an address. oath; that I am an officer or directe appears in Block 12 or Block 3 if

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR