

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90001 011 ***158.75

DOCUMENT # P95000054451

1. Corporation Name

RICO MEDICAL SUPPLY, INC.

80027790

DO NOT WRITE IN THIS SPACE

Principal Place of Business
8181 NW 36TH STREET
SUITE 20B
MIAMI, FL. 33166

Mailing Address
8181 NW 36TH STREET
SUITE 20B
MIAMI, FL. 33166

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country

3. Date Incorporated or Qualified
07/10/95
4. FEI Number
65-0596172
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADA M. PACHECO
16346 SW 78TH TERR.
MIAMI, FL. 33193

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE P ☐ DELETE
NAME ADA M. PACHECO
STREET ADDRESS 16346 SW 78TH TERR.
CITY-ST-ZIP MIAMI, FL. 33193
TITLE S-T ☒ DELETE
NAME BERNARDA C. DELGADO
STREET ADDRESS 9191 FOUNTAINEBLEAU BLVD. APT. 14
CITY-ST-ZIP MIAMI, FL. 33172
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 S-T ☒ Change ☐ Addition
2.2 NAME BERNARDA C. DELGADO
2.3 STREET ADDRESS 15469 SW 151ST. TERR.
2.4 CITY-ST-ZIP MIAMI, FL. 33196
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

CR2E034 (1/98)

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ada Pacheco / Ada Pacheco

2/1/00

305 463-9690