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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000075825 (6)

G&R MEDICAL SUPPLY CORP.

## FILED May 02 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			I DETAILOR HOUR EINI EERIN OOR IN SOUR SOUR	EBIN IBBBI I	IVAN KANLA IS	MAR MANY AMAR
4771 N.W. 36TH ST., #248 MIAMI FL 33166		4771 N.W. 38TH ST., #248 MIAMI FL 33166-6106						
					3. Date incorporated or Qualified 10/03/1995	1	e of Last 6	Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	J		pplied For
21		26			65-0617409			lot Applica
Suite, Aptili	#, elc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27			J. Carmicate of diatos Desired	LI	Fee F	Required
City & State	7	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	<del></del>	<del> </del>	Trust Fund Contribution	Ц		to Fees
	<u>}</u> -	Z(p	Coun	itry	8. This corporation has liability for in			s. 199.032
24		29	30		Florida Statutes  10, Name and Address of New Reg	Yes		
		Manr vefisteren währe		B1 Name	10, Hame and Address of New Act	liereien W	Sperie	
							<del> </del>	<del> </del>
			1	82 Street Add	fress (P.O. Box Number is Not Acceptable	le)		
MIAN	MI FL 33166		-	B3		<del></del>		
	y & State  Country 25  9. Name and Address of  LOZANO, MANUEL 4771 N.W. 36TH ST., #248  MIAMI FL 33168  Tursuant to the provisions of Sections 6  ffice or registered agent, or both, in the gent. I am familiar with, and accept the		`			•		
			Ĩ	B4 City		FL	<b>65</b> Zip	Code
<b>11</b> Characterists	to the previous of Sections 607	0502 and 607 1509. Florida Stal	utos tho sh	ove pamed cor	poration submits this statement for the p		hanging	ita sagistas
SIGNATURE	Signature, typied or printed name of registers				rired when reinsta(ing)	DATE	# i	
12.	OFFICERS	AND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFIC	COO AND	DIRECTO	RS IN 12
			10.		ADDITIONS/CHANGES TO OFFIC	ENS AND		
Trite	PD	DELETE	1.1 TITL	.E	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	
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14. I do he do presently that the information supplied with this filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 (305)883 - 1866