

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

**CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 95000091856

1. Corporation Name

A.P. MEDICAL SUPPLY, INC

Principal Place of Business
8428 SW CORAL WAY
SUITE 244
MIAMI, FL 33155

Mailing Address
8428 SW CORAL WAY
SUITE 244
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/04/95			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0622212		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		<input type="checkbox"/>	
24		29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		30			

9. Name and Address of Current Registered Agent

JUAN GAVIRIA
15476 NW 77th Court
Suite 336
Miami Lakes, FL 33016

10. Name and Address of New Registered Agent

81	Name	OMAR ORTEGA	
82	Street Address (P.O. Box Number is Not Acceptable)	8428 SW Coral Way	
83	Suite	244	
84	City	FL	85 Zip Code
	Miami		33155

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)

04/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	JUAN GAVIRIA
STREET ADDRESS	15476 NW 77th Ct #336
CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OMAR ORTEGA	
1.3 STREET ADDRESS	8428 SW Coral Way Suite 244	
1.4 CITY-ST-ZIP	Miami, FL 33155	
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	100001793661	
4.3 STREET ADDRESS	-04/25/96--01009--016	
4.4 CITY-ST-ZIP	***200.00	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

OMAR ORTEGA-PRESIDENT

04/16/96

(305)285-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #