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PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600001309 (9)
1. Corporation Name

BRIANA MEDICAL EQUIPMENT & SUPPLES INC.

FILED Apr 19, 1996 08:00 AM Secretary of State



4-15-96 (305) 666-7374

Principal Place of E	Business	Mailing Address				MIII 25:11 40:21 1	1866 (11)11 26:	
1545 MILLER ROAD CORAL GABLES FL 33146		1545 MILLER ROAD CORAL GABLES FL 33146						
				3. Date incorporated or Qualified 3a. Date of Last Report 12/29/1995			ort	
	- D. Jinano	2a. Mailing Address			4. FEI Number	1	[Ar	xplied For
. Principal Place	of Business	26			65-0627519			ot Applicable
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
		27						·
City & State		City & State			Election Campaign Financing Trust Fund Contribution		· · · · ·	May Be to Fees
3	·····	28	Coun		8. This corporation has liability for	intangible tax		
Ziβ ⊐	Country	Zıp	30	vy	Florida Statutes Yes	i 🗌 No		
4	25 9. Name and Address of Currer		1901		10. Name and Address of New F	Registered A	gent	
	9. Italic bio Marie 1			Name				
ALVAREZ I	ANTONIO		}	Street Addr	ress (P.O. Box Number is Not Acceptate	ble)		
ALVAREZ, ANTONIO 1545 MILLER ROAD								
	BLES FL 33146			83				
•			}	84 City		E1	85 Zip	Code
					ration submits this statement for the pured of directors. I hereby accept the app	rrocce of char	oing its re	aistered offi
familiar with,	agent, or both, in the State of Figure and accept the obligations of, Sec	(IOI) 607 (0003, 1 Ioilea Grazare			ration submits this statement for the purify of directors. I hereby accept the app	DATE		
Sla		If and time it ablancable:	IOTE: Registered	Agent signature require	SO WHEN TERRS AND	CIOCOC AND	DIDECTOR	25 IN 12
		ND DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OF			
12. 111.E	OFFICERS AN	It data the trappers	13.	TLE	ADDITIONS/CHANGES TO OF		DIRECTOF Change	
12. TILE	OFFICERS AN PD ALVAREZ, ALICIA A	ND DIRECTORS	13. 1.1 Ti 1.2 NA	TLE ME	ADDITIONS/CHANGES TO OF			
IZ. IILE VAME STREET ADDRESS	PD ALVAREZ, ALICIA A 1545 MILLER ROAD	ND DIRECTORS	13. 1.1 Ti 1.2 NA 1.3 ST	TLE ME REET ADDRESS	ADDITIONS/CHANGES TO OF			
TITLE NAME STREET ADDRESS	OFFICERS AN PD ALVAREZ, ALICIA A 1545 MILLER ROAD CORAL GABLES FL 33146	ND DIRECTORS	13. 1.111 1.2 NA 1.3 ST	TLE ME REET ADDRESS IY-ST-ZIP	ADDITIONS/CHANGES TO OF			Addition
12. TITLE NAME STREET ADDRESS ONY-ST-ZIP TITLE	PD ALVAREZ, ALICIA A 1545 MILLER ROAD CORAL GABLES FL 33146 VD	ND DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI	TLE ME REE1 ADDRESS IY-ST-ZIP TLE	ADDITIONS/CHANGES TO OF] Change	Addition
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