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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018024

"JR MEDICAL SUPPLIES INC.

		·					
Principal Plac	ce of Business	Mailing Address				#1 14##1 4##11 ##11#	17 MIN MIN 10 MI
1801 NW 7 STREET #3 1801 NW 7 STREET #3							
MIAMI FL MIAMI FL							
	•	•			DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE	-
					02/27/1996		. •
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	I An	plied For
<u> </u>	ace of business	26			65-0646972	1	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			05 0040372	\$8.75 A	
22		27	•		5. Certificate of Status Desired	Fee Re	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year	ntangible	
24	25		30		Personal Property Tax.		ONZ
<u>1</u>	9. Name and Address of Current				10. Name and Address of New Registere	· · · · · · · · · · · · · · · · · · ·	
•			81	Name			
	ONSO, RAMON		90	044 4 4 4 4	(D.O. Barris National Assessable)	•	
· · · · 2144	4 SW 98 AVENUE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33165		83		(\$ 12) (\$ 12	<u> </u>	4. 315 ()
						Sant Francis	4.4
	•		84	City	F	85 Zip C	Code
office or r	registered agent, or both, in the State (of Florida. Such change was aut	thorized by th	ne corporation	n's board of directors. I hereby accept the app	ointment as reg	gisterea j
agent. I a SIGNATURE	am familiar with, and accept the obligat	tions of, Section 607.0505, Florid it and title if applicable. (NOTE: R	da Statutes.	•	when reinstating) DATE		
agent. I a SIGNATURE 12.	am familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	tions of, Section 607.0505, Florid t and title if applicable. (NOTE: R D DIRECTORS	da Statutes. Registered Agent	•		AND DIRECTO	RS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90014 005 ***150.00