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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000022065 (2)

1. Corporation Name
U.S.A. MEDICAL DISTRIBUTORS, INC.

Principal Place of Business

251 EAST 59 STREET
HIALEAH FL 33013

Mailing Address

251 EAST 59 STREET
HIALEAH FL 33013-1253



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 9821 NW 80 Avenue		26 same		03/08/1996		02-01-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Bay 5-K				65-0649388		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		XX \$8.75 Additional Fee Required	
23 Hialeah Gardens FL.		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		29		30	
24 33016		25 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

MOSQUERA, IVAN
251 EAST 59 STREET
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name	CARLOS H. CABALLERO
82 Street Address (P.O. Box Number is Not Acceptable)	9821 NW 80 Avenue Bay 5-K
83	
84 City	Hialeah Gardens FL
85 Zip Code	33016

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)

02-01-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT MOSQUERA, IVAN	1.1 TITLE	DPT
NAME	251 EAST 59 STREET	1.2 NAME	Caballero, Carlos H.
STREET ADDRESS	HIALEAH FL 33013	1.3 STREET ADDRESS	9821 NW 80 Ave Bay 5-K
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hialeah Gardens FL 33016
TITLE	DVS CABALLERO, MARTHA	2.1 TITLE	DVS
NAME	251 EAST 59 STREET	2.2 NAME	Caballero, Martha
STREET ADDRESS	HIALEAH FL 33013	2.3 STREET ADDRESS	9821 NW 80 Ave Bay 5-K
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hialeah Gardens FL 33016
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-97 (305)557-8909

Date

Daytime Phone #

CR2E034 (9/96)