FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P96000027467

1. Corporation Name: FLORIDA MEDI-SUPPLY,INC

Principal Place of Business: 936 S.W. 8th St, Miami Fla 33130

Mailing Address: 4001 Monserrate, Coral Gables Fla 33146

3. Date Incorporated or Qualified: 03/28/96

3a. Date of Last Report:

4. FEI Number: 65-0654138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 S.A.A.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Fla 33130	28 City & State: Coral Gables Fla 33146
24 Zip: 33130 — 25 Country: U.S.A.	29 Zip: 33146 — 30 Country: U.S.A

9. Name and Address of Current Registered Agent

ANDRES VALDES JR
4001 MONSERRATE
CORAL GABLES FLA 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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) DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☒ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MARIA T VALDES	1.2 NAME	ANDRES VALDES JR
STREET ADDRESS	4595 N.W. 7th St	1.3 STREET ADDRESS	4001 MONSERRATE
CITY-ST-ZIP	Miami Fla 33126	1.4 CITY-ST-ZIP	CORAL GABLES FLA 33146
TITLE	SECRETARY ☒ DELETE	2.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	ERIC L BLANCO	2.2 NAME	MARIA T VALDES
STREET ADDRESS	4595 N.W. 7th St	2.3 STREET ADDRESS	4001 Monserrate
CITY-ST-ZIP	Miami fla 33126	2.4 CITY-ST-ZIP	CORAL GABLES FLA 33146
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	900001828779
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/20/96--01033--040
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	***225.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5/17/96
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 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: Maria T Valdes — 5/10/96 — 305-665-6240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)