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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000 82631

1. Corporation Name
MEDTECH SUPPLIER, INC.

Principal Place of Business	Mailing Address
141 NE 3rd. AVE STE. 900A MIAMI, FL. 33132	141 NE 3rd. AVE. STE. 900A MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10-07-1996

2. Principal Place of Business	2a. Mailing Address
21 175 FONTAINEBLEAU BLVD	26 175 FONTAINEBLEAU BLVD
22 Suite, Apt. #, etc. SUITE IN4	27 Suite, Apt. #, etc. SUITE IN4
23 City & State MIAMI, FL	28 City & State MIAMI, FL.
24 Zip 33172. 25 Country USA	29 Zip 33172 30 Country USA

4. FEI Number 65-0694580 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
B&L BUSINESS LEGAL, INC. 141 NE 3RD. AVE. STE 900A MIAMI, FL 33132	81 Name: MANTOAN, AGNALDO 82 Street Address (P.O. Box Number is Not Acceptable): 175 FONTAINEBLEAU BLVD. 83 SUITE IN4 84 City: MIAMI FL 85 Zip Code: 33172

11. Pursuant to the provisions of Section 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: AGNALDO MANTOAN 04-01-98
Signature(s) for Registered Agent, Officer(s) or Director(s) as applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANTOAN, AGNALDO 141 NE 3RD. AVE. STE. 900A MIAMI, FL 33132	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT MANTOAN, AGNALDO 175 FONTAINEBLEAU BLVD. # IN4 MIAMI, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANTOAN, RUTE P. 141 NE 3RD. AVE STE 900A MIAMI FL 33132	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT MANTOAN, RUTE P. 175 FONTAINEBLEAU BLVD. # IN4 MIAMI, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition JS 4.20
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700002493OFP -04/20/98--01001--027 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: AGNALDO MANTOAN 04-01-98 (3N) 222481 9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number