Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90099 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000082631

1. Corporation Name

MEDIECH SUPPLIER, INC.		
· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business Mailing Address		
175 Fountainebleau BLVD. 175 Fountainebleau BLVD. Suite in4 Suite in4		
MIAMI FL 33172 MIAMI FL 33172		DO NOT WRITE IN THIS SPACE
US US		3. Date Incorporated or Qualifed
		10/07/1996
2. Principal Place of Business 2a. Mailing Address).		4. FEI Number Applied For
21 1931 WEST 60 STREET 26 4152 PINEWOO	DD LANE	65-0699580 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
27		Fee Required
City & State	DRIDA	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country Zip Co	ountry	8. This corporation owes the current year Intangible
$\frac{1}{24} \frac{330}{2} \frac{330}{2} \frac{33}{2} \frac{33}{3} \frac{33}{3}$	US.	Personal Property Tax.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
	81 Name	
MANTOAN, AGNALDO	82 Street Addre	ess (P.O. Box Number is Not Acceptable)
175 FOUTAINEBLEAU BLVD.	July Street Addre	and (1.0. Dox Hullos) to Helvisdopasie)
SUITE IN4	83	
MIAMI FL 33172	84 City	85 Zip Code
	84 City	FL 65 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: Register	I A I Company	DATE
AS OFFICERS AND DIRECTORS 13	ered Agent signature required	
12. OFFICERS AND DIRECTORS 13	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE P DELETE 11	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE P DELETE 1.1 NAME MANTOAN, AGNALDO 12	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE P □ DELETE 1.1 NAME MANTOAN, AGNALDO 12 STREET ADDRESS 175 FOUNTAINEBLEAU BLVD. #IN4 13	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE P □ DELETE 1.1 NAME MANTOAN, AGNALDO 12 STREET ADDRESS 175 FOUNTAINEBLEAU BLVD. #IN4 1.3 CITY-ST-ZIP MIAMI FL 33172 1.4	3. I TITLE P NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ANTOAN, AGNALDO 152 PINE WOOD LANE VESTON, FLORIDA 33331
TITLE P □ DELETE 1.1 NAME MANTOAN, AGNALDO 12 STREET ADDRESS 175 FOUNTAINEBLEAU BLVD. #IN4 1.3 CITY-ST-ZIP MIAMI FL 33172 1.4 TITLE VP □ DELETE 2.1	3. ITITLE P NAME P STREET ADDRESS 4 GCITY-ST-ZIP V ITITLE V A A A A A A A A A A A A A A A A A A A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ANTOAN, AGNALDO 152 PINE WOOD LANE VESTON FLORIDA 33331
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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, of on an attachment with an eddress, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

URE RECAGNAZÃO MANTOAN APR 02 1999

954)385-1726

Change

☐ Addition