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FILED  
May 09 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 # P96000092416 (2)

1. Corporation Name  
MED RETURNS, INC.



Principal Place of Business  
1541 E. 8TH ST. (S-101)  
HIALEAH FL 33010

Mailing Address  
1541 E. 8TH ST. (S-101)  
HIALEAH FL 33010

3. Date Incorporated or Qualified  
11/12/1996

3a. Date of Last Report

2. Principal Place of Business  
21 1541 E. 8 Ave

Suite, Apt. #, etc.

22 101

23 City & State  
HIALEAH, FL

24 Zip  
33010

Country  
U.S.A.

2a. Mailing Address  
26 1541 E. 8 Ave

Suite, Apt. #, etc.

27 101

28 City & State  
HIALEAH, FL

29 Zip  
33010

Country  
U.S.A.

4. FEI Number  
65-0709202

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIERA, ZOILA V  
1541 E. 8TH ST. (S-101)  
HIALEAH FL 33010

8 Ave. #101

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
VIERA, LEONARDO  
1541 E. 8TH ST. (S-101)  
HIALEAH FL 33010

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
JOHNSON, VIVIAN  
1541 E. 8TH ST. (S-101)  
HIALEAH FL 33010

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
VIERA, ZOILA V  
1541 E. 8TH ST. (S-101)  
HIALEAH FL 33010

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
DP  
DIAZ, ARNALDO  
1541 E 8 Ave #101 HIALEAH, FL  
33010  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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 REQUIRED (Director).  
Signature typed or printed name of signing officer or director

Date

Daytime Phone #

4-29-97 (305) 823-1182

CR2E034 (9/96)