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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90114 031 \*\*\*150.00

DOCUMENT # P96000092416

1. Corporation Name  
MED RETURNS, INC.

Principal Place of Business

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

Mailing Address

1114 1990 W 56 ST  
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1990 W 56 ST

Suite, Apt. #, etc.

22 1114

City & State

23 HIALEAH FLA

Zip

24 33012

Country

25 FLA

2a. Mailing Address

26 1990 W 56 ST

Suite, Apt. #, etc.

27 1114

City & State

28 HIALEAH - FLA

Zip

29 33012

Country

30 USA

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0709202

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

ZOILA VIERA DIAZ

82 Street Address (P.O. Box Number is Not Acceptable)

83 1990 W 56 ST Suite # 1114

84 City

HIALEAH

FL

85 Zip Code

33012

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

TITLE DT ☐ DELETE

NAME JOHNSON, VIVIAN R

STREET ADDRESS 1541 E. 8TH ST. (S-101)

CITY-ST-ZIP HIALEAH FL 33010

TITLE DS ☐ DELETE

NAME VIERA, ZOILA V

STREET ADDRESS 1541 E. 8TH ST. (S-101)

CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☒ Change ☐ Addition

1.2 NAME VIVIAN JOHNSON

1.3 STREET ADDRESS 10028-STRAFFORD-OAK COURT APT# 713

1.4 CITY-ST-ZIP TAMPA FLA. 33624

2.1 TITLE DS ☐ Change ☐ Addition

2.2 NAME VIERA DIAZ ZOILA

2.3 STREET ADDRESS 1990 W 56 ST Suite # 1114

2.4 CITY-ST-ZIP HIALEAH FLA. 33012

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-1999

Date

305-231-9074-823-118

Daytime Phone #

CR2E034 (11/98)