

Amended \$61.25  
FILE NOW. FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PG 7000019435 ✓  
1. Corporation Name  
**LILYS MEDICAL SUPPLIES, INC.**

Principal Place of Business <b>4461 PALM AVENUE, SUITE B HIALEAH, FL 33012</b>	Mailing Address <b>(SAME)</b>
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2. Principal Place of Business 21 <b>4461 PALM AVE</b> Suite, Apt. #, etc. 22 <b>SUITE B</b> City & State 23 <b>HIALEAH, FL</b> Zip 24 <b>33012</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent  
**MARIA MARTELL  
3947 SW 6th st.  
MIAMI, FL 33134**

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 ARAYMA CHALA (PRESIDENT) *Arayma Chala* DATE 06-10-99

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MARIA MARTELL 3947 SW 6th st. MIAMI, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AYMEE GONZALEZ 2846 SW 12 st. MIAMI, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number 65-0743144 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **ARAYMA CHALA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1380 W 41 st.**

83

84 City **HIALEAH** FL 85 Zip Code **33012**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE **PRESIDENT**

12 NAME **ARAYMA CHALA**

13 STREET ADDRESS **1380 W 41 st.**

14 CITY-ST-ZIP **HIALEAH, FL 33012**

21 TITLE

22 NAME **000002915170--1**

23 STREET ADDRESS **-06/25/99--01006--013**

24 CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 if at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arayma Chala *Arayma Chala* DATE 06/10/99 (305) 827-1849

CR2E034 (11/98)