

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90090 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000072467

1. Corporation Name
MOGLY ORTHO AND DME CORP



Principal Place of Business
11160 SW 71 LANE
MIAMI FL 33173

Mailing Address
11160 SW 71 LANE
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1997

4. FEI Number
65-0764917

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

2. Principal Place of Business
21 1280 ALIBABA AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 1280 ALIBABA AVE
Suite, Apt. #, etc.

23 OPALOCKA FL
City & State

24 33054 25 DADE
Zip Country

27
City & State

28 OPALOCKA FL
City & State

29 33054 30 DADE
Zip Country

9. Name and Address of Current Registered Agent

RUIZ, JULIO
11160 SW 71 LANE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
RICHARDE WALKES

82 Street Address (P.O. Box Number is Not Acceptable)
1120 SHARAZAD BLVD

83

84 -City
OPALOCKA FL 85 Zip Code
33054

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 Richard E Walkes RICHARD WALKES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUIZ, JULIO	
STREET ADDRESS	11160 SW 71 LANE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKES, RICHARD E	
STREET ADDRESS	1280 ALIBABA AVE	
CITY-ST-ZIP	OPALOCKA FL 33054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	1280 ALIBABA AVE		
1.4 CITY-ST-ZIP	OPALOCKA FL 33054		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Richard E Walkes REQUIRED 4-20-1999 305 953 9629
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)