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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$13362

(6)

1. Corporation Name

ALL MEDICAL DEPOT, INC.

Mailing Address

Principal Place of Business 4201 S.W. 11TH STREET MIAMI FL 33134

4201 S.W. 11TH STREET MIAMI FL 33134 FILED Feb 09 1996 8:00 am Secretary of State



						3. Date Incorporated or Qualified 11/19/1990	3a. Date 07	of Last F 7/19/19	
	ncipal Place of Business 2a. Mailing Address					4. FEI Number			Applied For
1] Suite, Apit.	# Ale	26				65-0220412			Not Applicable
	27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat		City & State				Election Campaign Financing Trust Fund Contribution			DO May Be ed to Fees
- Zφ 	Country 25	<i>Ζ</i> ιρ	30	untry		8. This corporation has liability for in Florida Statutes YZ Yes		k under s	199.032,
	9. Name and Address of Cu		30	Т		10. Name and Address of New R		ant.	
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CABRERA, RAUL D.					Street Addre	fress (P.O. Box Number is Not Acceptable)			
4201 S.				ss (F.O. Box Number is Not Acceptab	ie)				
MIAMI F		83							
				84	City		FL	85 Z	ip Code
IGNATURE :	Signal in: typed or printed name of registeries	agent and tile Mapplicates AND DIRECTORS	(NOTE: Registere		it signature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDECT	ODC IN 12
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1. For fierely certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 out; that I am an officer or directory like 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 og an attachment with a property of the composition of the property of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

2/2/46 (305) 264-7500