

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

FILED

Feb 17 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 # **S37119** (2)

1. Corporation Name
WORLDWIDE MEDICAL SUPPLIERS, INC.



Principal Place of Business

**2973 NW 97 COURT,
3365 PONCE DE LEON BLVD. #1120
MIAMI FL 33172
46-**

Mailing Address

**2973 NW 97 CT.
3365 PONCE DE LEON BLVD. #1120
MIAMI FL 33172-1639
46-**

2. Principal Place of Business

21 ~~3365 MINORCA AVE~~
Suite, Apt. #, etc.
22 **SAME AS 2A**

2a. Mailing Address

26 **2973 NW 97 CT.**
Suite, Apt. #, etc.

City & State

23 ~~CORAL GABLES FL~~
Zip Country

City & State

28 **MIAMI FL**
Zip Country

24 **33134**

25 ~~33134~~

29 **33172**

30 **DADE**

9. Name and Address of Current Registered Agent

**QUINTANA, ESO J LUIS
338 MINORCA AVENUE
SUITE 1120
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
03/12/1991

3a. Date of Last Report
06/20/1996

4. FEI Number

65-0255283

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

10. Name and Address of New Registered Agent

81 Name

LUIS ARIAS JR.

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

83 **2973 N.W. 97 COURT**

84 City

MIAMI

FL

85 Zip Code
33172

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]
Signature, typed or printed name of registered agent and title if applicable.

Luis Arias Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS

TITLE	DPVT	<input checked="" type="checkbox"/> DELETE
NAME	QUINTANA, J LUIS ESO	
STREET ADDRESS	338 MINORCA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUIS ARIAS, JR.	
1.3 STREET ADDRESS	2973 N.W. 97 COURT	
1.4 CITY-ST-ZIP	MIAMI FL 33172	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/97

CR2E034 (9/96)