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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 22 1998 8:00am Secretary of State

DOCUMENT # S69032 (8)				Secretary of Sta	itC
F.E.C. MEDICAL EQUIPMENT & SUPPLIES, INC.					
Principal Plac	ce of Business	Mailing Address			
913 S. S.W. 87TH AVE. 913-A S.W. 87TH AVENUE				•	
MIAMI FL 33		SUITE A		DO NOT WEITE IN THE OPLOT	
MIAMI FL 33174 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
		00		07/26/1991	
Principal Place of Business Address Address					lied For
		26		<u> </u>	Applicable
Suite, Apt. #, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Reg	
		City & State		<u>'</u>	
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Žip	Country	8. This corporation owes or has paid the current year Intar	rgible
24	25	29 3	0	Personal Property Tax due June 30. Yes	No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	E LA VEGA, LUIS		01 1/2:1/4		
913 S.W. 87TH AVE STE. A			82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 33174			83		
	. un 1 2 00 // 1		84 City	lost 75 Oc	
	ì		1 "	FL 85 Zip Co	
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, to 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 inbligations of, Section 607.0505. Florida Statutes. SIGNATURE					
	Signature, typed or plated name of registered agen	t and title if applicable. [NOTE. F	Registered Agent signature required	<i></i>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME	PVST V DE LA VEGA, LUIS	O DELETE	1.1 TITLE 1.2 NAME	L] Change	Addition
STREET ADDRESS	913 S.W. 87TH AVE, STE. A		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-ST-ZIP		1
TITLE	D	DELETE	2.1 TITLE	Change	☐ Addition
NAME	DE LA VEGA, LUIS		2.2 NAME		
STREET ADDRESS	913 S.W. 87TH AVE, STE. A		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3,4. CITY-\$T-ZIP 4,1 Title	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		(longer	5.4 CITY-ST-ZIP		A 4 4 700
TITLE		☐ DELETE	6.1 TITLE	Change !	L_! Addition
NAME CTOUT ADDOCCC			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-ST-ZIP	certify that the information supplied wit	h this filing does not qualify for I	6.4 CITY-ST-ZIP	ection 119 07/3Vi). Florida Statutes, I further certify that the in	formation

[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 on the receiver or trustee empowered to execute this report as required by charter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daller OUR President

1/9/98 (305)262-7230