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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48898

(3)

FILED	
Apr 28 1997 8:00am	1
Secretary of State	

Corporation Name T. G. F. MEDICAL SUPPLIER, IN incipal Prace of Business 5 FONTAINEBLEAU BLVD 2010 AMI FL 33172	Mailing Address 175 FONTAINEBLEAU BU SUITE #2610 MIAMI FL 33172-4511 US	<b>V</b> D	3. Date Incorporated or Qualified 07/06/1992	Sa. Date		
Principal Flace of Business	2a. Mailing Address		4. FEI Number	1 00/00	<del></del>	oplied For
175 FONTAINEBLEAU BL	vd. 26		65-0344339		No	t Applicable
Suite, Apr. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	×	\$8.75 /	Additional equired
City & State	City & State		6. Election Campaign Financing		\$5.00	<del></del>
MIAMI FL	28		Trust Fund Contribution		Added	to Fees
Zip Country	Zip	Country	8. This corporation has liability for			. 199.032
33172 25 USA	29	30		Yes 🗌		
g, Name and Address of Cui ECHAVARRIA, JUAN A	rrent Hegistered Agent	81 Name	10. Name and Address of New R	edisteled Wo	9111	
6769 SW 104TH CT		82 Street Add	dress (P.O. Box Number is Not Accepta	hle)		·
MIAMI FL 33173		oz Street Add	oress (F.O. Box Nornber Is Not Accepta	nie)		
		83				
		84 City	1412.0000	FL	<b>85</b> Zip i	Code
Pursuant to the provisions of Sections 607. office or registered agent, or both, in the S	0502 and 607.1508, Florida Statu tate of Florida. Such change was	ites, the above-named cor authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce		hanging it ntment as	s registered registered
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent Tam familiar with and ascept to of GNATURE.	d agent brid little if applicable. (NO	TE: Registered Agent signature requ	Ured when reinstating)	purpose of chept the appoin	<i>-</i>	7/_
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I. I do hereby certify that the information supplied with this filling 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:

Jun A. Colquanain - President

resident 4-22-97 (305)551-061 Date Daysine Proces 0231736