FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V58602 (6)

1. Corporate Name
XIOMARA MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
4695 W. FLAGLER ST. SUITE 4 MIAMI FL 33134 US	P.O. BOX 44-1222 SUITE 4 MIAMI FL 33144 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1992
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business (31)
2a. Mailing Address (26)
4. FEI Number: 65-0351269 ☐ Applied For ☐ Not Applicable
Suite, Apt. # etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
ZIP (24) County (25) ZIP (29) County (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTINEZ, XIOMARA 4695 W. FLAGLER ST. MIAMI FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 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: (If changing registered agent, registered agent must sign above) (If changing registered office address, but not registered agent, any officer may sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, XIOMARA	2. NAME	
STREET ADDRESS	1421 S.W. 8TH ST. #4	3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4. CITY-ST-ZIP	
TITLE		7. TITLE	☐ Change ☐ Addition
NAME		8. NAME	
STREET ADDRESS		9. STREET ADDRESS	
CITY-ST-ZIP		10. CITY-ST-ZIP	
TITLE		11. TITLE	☐ Change ☐ Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE		15. TITLE	☐ Change ☐ Addition
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY-ST-ZIP		18. CITY-ST-ZIP	
TITLE		19. TITLE	☐ Change ☐ Addition
NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY-ST-ZIP		22. CITY-ST-ZIP	
TITLE		23. TITLE	☐ Change ☐ Addition
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY-ST-ZIP		26. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: XIOMARA MARTINEZ 4-29-95 305 441 6911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420022 FP