

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 20 AM 11:50

DOCUMENT # **446355** (0)

1. Corporation Name

**CUBAN ORTHOPEDIC AND FOOT CLINIC, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

5841 W. FLAGLER STREET  
MIAMI FL 33144

Mailing Address

5841 W. FLAGLER STREET  
MIAMI FL 33144

3. Date Incorporated or Qualified <b>02/15/1974</b>	3a. Date of Last Report <b>04/12/1994</b>
4. FEI Number <b>59-1514056</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc	26. Suite, Apt. #, etc
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

QUIRANTES, ANGELA  
5849 W FLAGLER  
MIAMI, FL  
33144

10. Name and Address of New Registered Agent

81. Name <b>VICTOR H. RAMS, JR.</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>150 W FLAGLER SE # 1420</b>
83. City <b>Miami</b>
84. Zip Code <b>FL 33130</b>

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]*

3/22/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRANTES, ANGELA	1.2 NAME	
STREET ADDRESS	6442 S W 16 ST	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	1.4 CITY ST ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, DORA Q.	2.2 NAME	
STREET ADDRESS	10351 SW 60TH ST.	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRANTES, MARIA L	3.2 NAME	Quirantes, Maria L
STREET ADDRESS	6442 S.W. 16TH STREET	3.3 STREET ADDRESS	6426 SW 16 St.
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	Miami, FL 33155
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equate to the presumption stated in Section 119.07(1)(b), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or report attachment with an address.

SIGNATURE:

*Angela Quirantes*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

03/22/95 261-1382  
Date (Signature Number)