FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **710100** **(9)**

1. Corporation Name

INTERNATIONAL MEDICAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1623 COLLINS AVE. #1014 MIAMI BEACH FL 33139	1623 COLLINS AVE. 1014 MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1965**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-6178296** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under F.S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ZUBERO, JOSE L.
1623 COLLINS AVE APT. 1014
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ZUBERO,JOSE L	12 NAME		
STREET ADDRESS	1623 COLLINS AVE #1014	13 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~ MIAMI BEACH FL 33139	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	ZUBERO DAVID	22 NAME		
STREET ADDRESS	1411 N.E. 63 COURT AP.A	23 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	MILLER,GUNNAR	32 NAME		
STREET ADDRESS	1354 CHALLEN AVE	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ZUBERO, JULIA LOPEZ	42 NAME		
STREET ADDRESS	7 COIMBRA 8A	43 STREET ADDRESS		
CITY-ST-ZIP	ZARAGOZA, SPAIN	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ZUBERO, MARTIN LOPEZ	52 NAME		
STREET ADDRESS	1623 COLLINS AVE #1014	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jose L. Zubero M.D. JOSE L. ZUBERO M.D. — PRESIDENT — April 2, 95 (305) 534-3904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045072