

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 710100

1. Corporation Name

INTERNATIONAL MEDICAL FOUNDATION INC

Principal Place of Business

Mailing Address

1623 COLLINS AVE.

1623 COLLINS AVE.

APT. 1014

APT. 1014

MIAMI BEACH FL. USA

MIAMI BEACH FL USA

3. Date Incorporated or Qualified

12-27-1965

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

596178296

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒

\$5.00 May Be
Added to Fees

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

ZUBERO JOSE L

1623 COLLINS AVE

APT 1014

MIAMI BEACH FL 33139

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jose L. Zubero

(NOTE: Registered Agent signature required when reinstating)

April 15, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME ZUBERO, JOSE L.
STREET ADDRESS 1623 COLLINS AVE. APT. 1014
CITY-ST-ZIP MIAMI BEACH FL. 33139

TITLE D ☐ DELETE

NAME ZUBERO, DAVID L.
STREET ADDRESS 1411 N.E. 63 COURT APTA
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE V/D ☐ DELETE

NAME MILLER, GUNNAR
STREET ADDRESS 1354 CHALLEN AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME ZUBERO, JULIA L
STREET ADDRESS 1 COIMBRA B-C
CITY-ST-ZIP ZARAGOZA, SPAIN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100001786891

-04/19/96--01026--002

***150.00

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)(k), 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE L. ZUBERO M.D. PRESIDENT

April 14, 1996 (305) 534-3904

Date

Daytime Phone #

SC 419-96

CR2E037 (12/95)