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**Feb 26, 1999 8:00 am**  
**Secretary of State**

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0027862

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 710100**

1. Corporation Name

**INTERNATIONAL MEDICAL AND CULTURAL FOUNDATION, I  
NC.**

Principal Place of Business

1623 COLLINS AVE.  
#1014  
MIAMI BEACH FL 33139

Mailing Address

1623 COLLINS AVE.  
1014  
MIAMI BEACH FL 33139  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

12/27/1965

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

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

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 M.D.*

**JOSE L. ZUBERO**

*January 24, 1999*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
ZUBERO, JOSE L  
STREET ADDRESS 1623 COLLINS AVE #1014  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME VD  
ZUBERO, DAVID L  
STREET ADDRESS 2670 25TH ST.  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ DELETE

NAME D  
ZUBERTO, DANIEL L  
STREET ADDRESS 2670 N.E. 25TH ST.  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME D  
ZUBERO, MARTIN LOPEZ  
STREET ADDRESS 2811 S.W. ARCHER RD., APT. Y-218  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D ZUBERO, MARTIN LOPEZ**  
**2811 S.W. ARCHER RD. APT. Y-218**  
**GAINESVILLE FL**

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Jose L. Zubero*  
**SIGNATURE REQUIRED ZUBERO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 24, 1999*  
DATE Daytime Phone #

CR2E037 (11/98)