# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2005**
**Secretary of State**

DOCUMENT# 710100

**Entity Name:** INTERNATIONAL MEDICAL AND CULTURAL FOUNDATION, INC.

**Current Principal Place of Business:**

1623 COLLINS AVE.
#1014
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

2109 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

1623 COLLINS AVE.
1014
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

2109 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308 US

**FEI Number: 59-6178296** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZUBERO, DAVID
1623 COLLINS AVE APT. 1014
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

ZUBERO, DAVID
2109 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 01/17/2005
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ZUBERO,JOSE L,
Address: 1623 COLLINS AVE #1014
City-St-Zip: MIAMI BEACH, FL

Title: VD ( ) Delete
Name: ZUBERO, DAVID L
Address: 2109 NE 45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: ZUBERTO, DANIEL L
Address: 2109 NE 45TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: ZUBERO, JULIA L
Address: 1623 COLLINS AVE., APT. 1014
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete
Name: POBLETE, LIDIA S
Address: 1623 COLLINS AVE #1014
City-St-Zip: MIAMI, FL 33139

Title: D ( ) Delete
Name: FERNANDO, GIMENO
Address: QUINONES 9
City-St-Zip: MADRID, SPAIN,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: LOPEZ,JOSE LUIS,
Address: 1623 COLLINS AVE #1014
City-St-Zip: MIAMI BEACH, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. ZUBERO VD 01/17/2005
Electronic Signature of Signing Officer or Director — Date