2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 710100

1. Entity Name

INTERNATIONAL MEDICAL AND CULTURAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
2109 N.E. 45TH STREET FORT LAUDERDALE FL 33308	2109 N.E. 45TH STREET FORT LAUDERDALE FL 33308 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-6178296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	LOPEZ,JOSE LUIS		NAME	
STREET ADDRESS	1623 COLLINS AVE #1014		STREET ADDRESS	U00000412712
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP	02/10/06-80060-006 70.00
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	ZUBERO, DAVID L		NAME	
STREET ADDRESS	2109 NE 45TH STREET		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	ZUBERTO, DANIEL L		NAME	
STREET ADDRESS	2109 NE 45TH STREET		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	ZUBERO, JULIA L		NAME	
STREET ADDRESS	1623 COLLINS AVE., APT. 1014		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	POBLETE, LIDIA S		NAME	
STREET ADDRESS	1623 COLLINS AVE #1014		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	FERNANDO, GIMENO		NAME	
STREET ADDRESS	QUINONES 9		STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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