

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State's
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005789 (2)

1. Corporation Name

FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

1067 SW 86TH CT.
MIAMI FL 33144

1067 SW 86TH CT.
MIAMI FL 33144

3. Date Incorporated or Qualified
11/23/1984

3a. Date of Last Report

4. FEI Number
65-0550188

Applied For
 Applied For
 Not Applicable

2. Principal Place of Business
21 **1067 S.W. 86th CT**
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

5. Certificate of Status Desired
 NO **\$8.75 Additional Fee Required**

22 City & State
23 **MIAMI FLORIDA**

27 City & State
28

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33144

25 Country
USA.

29 Zip
30 Country

7. Nonprofit with IRS 501(c)(3) APPLIED **\$68.75 Supplemental Tax Exempt Status For** **Fee Not Required**

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

1. **FLOREN, ANGELICA DR.**
1067 SW 86TH CT.
MIAMI FL 33144

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 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 A. Floren HR.

2/3/95.

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 **D**
NAME **DE PELLERANO, GERMANIA**
STREET ADDRESS **EPS A-383, P.O. BOX 5258 N/A**
CITY - ST - ZIP **MIAMI FL 33102**

TITLE **D**
NAME **DE ARMENTEROS, MARIA L**
STREET ADDRESS **EPS A-383, P.O. BOX 5258 N/A**
CITY - ST - ZIP **MIAMI FL 33102**

TITLE **D**
NAME **DE PAIZ, OLGA**
STREET ADDRESS **EPS A-383, P.O. BOX 5258 N/A**
CITY - ST - ZIP **MIAMI FL 33102**

TITLE **D**
NAME **DE FERIS, PILAR**
STREET ADDRESS **EPS A-383, P.O. BOX 5258 N/A**
CITY - ST - ZIP **MIAMI FL 33102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **DE FIALLO GERMANIA**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME **500001448605**
2.3 STREET ADDRESS **-04/06/95--01008--020**
2.4 CITY - ST - ZIP ******130.00 ****130.00**

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 **Dr. Director**
5.3 STREET ADDRESS **Peinado, Maria De Los Angeles**
5.4 CITY - ST - ZIP **8250 SW 33 Terr. MIAMI FLORIDA 33155**

6.1 TITLE Change Addition
6.2 NAME **Dr. Director**
6.3 STREET ADDRESS **FLOREN, ANGELICA**
6.4 CITY - ST - ZIP **1067 S.W. 86th CT MIAMI FLORIDA 33144**

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 110.07(1)(b), 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 appropriate.

SIGNATURE: A. Floren HR.

2/4/95.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE