

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 # N94000005789 (2)

1. Corporation Name
FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA, INC.



Principal Place of Business
**1067 SW 86TH CT.
MIAMI FL 33144**

Mailing Address
**1067 SW 86TH CT.
MIAMI FL 33144**

3. Date Incorporated or Qualified
11/23/1994

3a. Date of Last Report
04/03/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0550188		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
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			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FIALLO, GERMANIA	1.2 NAME	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMENTEROS, MARIA L	2.2 NAME	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PAIZ, OLGA	3.2 NAME	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FERIS, PILAR	4.2 NAME	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEINADO, MARIA	5.2 NAME	
STREET ADDRESS	8250 S.W. 33 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOREN, ANGELICA	6.2 NAME	
STREET ADDRESS	1067 S.W. 86TH CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	6.4 CITY-ST-ZIP	

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: *A. Floren MD* 3/28/96 585-6874.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)