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FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1067 SW 86TH CT.
 MIAMI FL 33144

1067 SW 86TH CT.
 MIAMI FL 33144-4032

3. Date Incorporated or Qualified
11/23/1994

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

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

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

(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
NAME	DE FIALLO, GERMANIA	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE ARMENTEROS, MARIA L	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE PAIZ, OLGA	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE FERIS, PILAR	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEINADO, MARIA	
STREET ADDRESS	8250 S.W. 33 TERR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOREN, ANGELICA	
STREET ADDRESS	1067 S.W. 86TH CT.	
CITY-ST-ZIP	MIAMI FL 33144	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Handwritten signature and date: 5/21/97

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*****61.25**

14. I do 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.

CR2E037 (9/96)