

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/23/1994	
4. FEI Number 65-0550188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**FLOREN, ANGELICA DR.
1067 SW 86TH CT.
MIAMI FL 33144**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (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 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.

SIGNATURE: _____ DATE: **3/27/98 (305) 585-5143**

CR2E037 (10/97)