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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000005789**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/23/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		65-0550188	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
25 Country		30 Country		Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

**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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	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, with a letter like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/20/99 (305) 585-5143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)