

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000033937 (1)**

1. Corporation Name
MULTIPLAN USA CORPORATION



Principal Place of Business: ~~25 BISCAYNE BLVD SUITE 500 MIAMI FL 33131 US~~ Suite 1
Mailing Address: **25 BISCAYNE BLVD 1800 MIAMI FL 33131 US**

2. Principal Place of Business: 21 **2 S. BISCAYNE BLVD** Suite, Apt. #, etc.: **1800** City & State: **Miami, Florida** Zip: **33131** County: **DCA**
2a. Mailing Address: 26 **2 S. BISCAYNE BLVD** Suite, Apt. #, etc.: **1800** City & State: **Miami, Florida** Zip: **33131** Country: **USA**

3. Date Incorporated or Qualified: **05/04/1994** 3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0492820** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M
1111 LINCOLN RD.
SUITE 500
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

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

Signature of the principal, trustee, receiver or other authorized officer

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	PERES, JOSE I.	
3. STREET ADDRESS	25 BISCAYNE BLVD., #1800	
4. CITY-ST-ZIP	MIAMI FL	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	LOPEZ, EDUARDO F.	
7. STREET ADDRESS	25 BISCAYNE BLVD., #1800	
8. CITY-ST-ZIP	MIAMI FL	
9. TITLE	D	<input type="checkbox"/> DELETE
10. NAME	CHOR, DAN	
11. STREET ADDRESS	25 BISCAYNE BLVD., #1800	
12. CITY-ST-ZIP	MIAMI FL	
13. TITLE	D	<input type="checkbox"/> DELETE
14. NAME	ROMERO, LUIS ALFREDO	
15. STREET ADDRESS	25 BISCAYNE BLVD., #1800	
16. CITY-ST-ZIP	MIAMI FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	2 S. BISCAYNE BLVD, # 1800
4. CITY-ST-ZIP	MIAMI, Florida 33131
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	2 S. BISCAYNE BLVD, #1800
8. CITY-ST-ZIP	Miami, Florida 33131
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	2 S. BISCAYNE BLVD, #1800
12. CITY-ST-ZIP	Miami, Florida 33131
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **D. PERES** 2/13/96 212 661 3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time/Phone #

CR2E034 (12/95)