

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 # **P95000075052 (7)**

1. Corporation Name

BERAJA HEALTHCARE CORPORATION



Principal Place of Business

**2550 DOUGLAS ROAD
SUITE 301
CORAL GABLES FL 33134**

Mailing Address

**2550 DOUGLAS ROAD
SUITE 301
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

4. FEI Number

65-0618199

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

10. Name and Address of New Registered Agent

**BERAJA, MATILDO
2295 S. MIAMIA AVENUE
MIAMI FL 33129**

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, typed or printed name of registered agent or director (Not for Registered Agent signature required when not filing)

(Not for Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERAJA, ROBERTO	
STREET ADDRESS	2550 DOUGLAS RD. #301	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERAJA, VICTOR	
STREET ADDRESS	2550 DOUGLAS RD. #301	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERAJA, MATILDE	
STREET ADDRESS	2550 DOUGLAS RD. #301	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERAJA, ESTHER	
STREET ADDRESS	2550 DOUGLAS RD. #301	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERAJA, ISIDORO	
STREET ADDRESS	2550 DOUGLAS RD. #301	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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	

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)(b), 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 removed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Beraja

4/19/96 (305) 461 4624

Date

Telephone #

CR2E034 (12/95)