

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P96000076495**  
 1. Corporation Name  
**ALYKAT MEDICAL CENTER INC.**

Principal Place of Business: **533 SW 8 St. Miami, FL. 33130**  
 Mailing Address: **533 SW 8 St. Miami, FL. 33130.**

2. Principal Place of Business  
 21 Suite, Apt #, etc  
 23 City & State  
 24 Zip  
 25 Country

2a. Mailing Address  
 26 Suite, Apt #, etc  
 27 City & State  
 28 Zip  
 29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FFI Number **65-0698663**  
 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**ELIZABETH FERNANDEZ.**  
**533 SW 8 St.**  
**Miami, FL. 33130.**

10. Name and Address of New Registered Agent  
 81 Name: **ELIZABETH FERNANDEZ**  
 82 Street Address (P.O. Box Number is Not Acceptable): **533 SW 8 St.**  
 84 City: **MIAMI, FL** 85 Zip Code: **33130**

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:  **01-19-98** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Leonardo J. Carralero</b>	
STREET ADDRESS	<b>3170 SW 8 St. Miami, FL. 33135</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT</b>
1.3 STREET ADDRESS	<b>ELIZABETH FERNANDEZ</b>
1.4 CITY-ST-ZIP	<b>533 SW 8 St. Miami, FL. 33130</b>
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	<b>900002425259</b>
6.3 STREET ADDRESS	<b>-02/09/98--01043--028</b>
6.4 CITY-ST-ZIP	<b>***158.75</b>

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 at 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:  **01-19-98 (305)854-7774**

CR2E034 (10/97)