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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 30, 1999 8:00 am Secretary of State

01-30-1999 90003 005 ***150.00

DOCUMENT # P98000026317

INTER AMERICAN REHABILITATION CENTER, INC.

3. Dete Incorporated or Qualified 03/20/1998 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2d. City & State 2d. City & State 2d. Country 3d. This corporation owns the current Registered Agent 10. Name and Address of New F SEQUERA, YAMIL J 7460 SW 154 CIRCLE MIAMI FL 33193 2d. Street Address (P.O. Box Number is Not Accepted Street Address of New F 2d. City 3d. Personal Property Tax. 10. Name and Address of New F 2d. City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby acception agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Registered Agent
STE 10 HIALEAH FL 33013 STE 10 HIALEAH FL 33013 2a. Mailing Address 2b. Mailing Address 3. Date Incorporated or Cualified 03/20/1998 4. FEI Number 2b. Suite, Apt. #, etc. 2city & State City & State City & State City & State Country Zip Country Zip Country Zip Country S. This corporation owes the cum Personal Property Tax. 9. Name and Address of Current Registered Agent SEQUERA, YAMIL J 7460 SW 154 CIRCLE MIAMI FL 33193 B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.90 May Be Added to Fees ent year intangible Yes No Registered Agent
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2 Principal Place of Business 2a Mailing Address 5 Suite, Apt. #, stc. Suite, Apt. #, stc. 5 Certificate of Status Desired City & State City & State City & State City & State Country Zip Country Zip Country 8 This corporation owes the current Registered Agent 9. Name and Address of Current Registered Agent SEQUERA, YAMIL J 7460 SW 154 CIRCLE MIAMI FL 33193 83 B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Not Applicable
Suite, Apt. #, stc. Suite, Apt. #, stc. Suite, Apt. #, stc. City & State City & St	Not Applicable
Suite, Apt. #, stc. Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Yes No Registered Agent 85 Zip Code
City & State Country Zip Country Zip Country Zip Country B. This corporation owes the current registered Agent 9. Name and Address of Current Registered Agent SEQUERA, YAMIL J 7460 SW 154 CIRCLE MIAMI FL 33193 83 Street Address (P.O. Box Number is Not Accepted Agent) 84 City City City Country B1 Name SEQUERA, YAMIL J Rursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Fee Required \$5.00 May Be Added to Fees ent year intangible Yes No Registered Agent
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Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New F SEQUERA, YAMIL J 7460 SW 154 CIRCLE MIAMI FL 33193 82 Street Address (P.O. Box Number is Not Accepta 83 B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Added to Fees ent year intengible Yes No Registered Agent
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	purpose of changing its registered
SIGNATURE Signature, bond or printed name of registered agent and use if applicable. (NOTE: Registered Agent segarate required when reintening).	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
me PD ∴ DELETE \11mmE	Change Addition
NAME SEQUERA, YAMIL J 1.2 NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS 8840 SW 154 CIRCLE 1.3 STREET ADDRESS	
CITY-ST-ZP MIAMI FL 33193	Change Addition
TILE DELETE 21 TILE	Cytaige Dynamics
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	1
CITY-ST-ZP 2.4 CTTY-ST-ZP	☐ Change ☐ Addition
TITLE 1 DELETE 3.1 TITLE	Countries Division
NAME 32 NAME	
STREET ADDRESS J.3 STREET ADDRESS	
CITY-ST-ZIP 3.4.CITY-ST-ZIP 4.1TITLE	Change Addition
NAME 4.2 RAME	[
	l l
STREET ADDRESS A3 STREET ADDRESS CITY, ST. ZIP 4.4 CITY- ST-ZIP	

14. Thereby certify that the information supplied with this filling floes not quality 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 eath; that I am officer or director of the cophoration or indeprecipier of truesde empowered to few excute 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 attaching in with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZP

6.1 TITLE

62 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SSAAT CORFOURED

DELETE

1/12/99 Date 305-685-6400 Daylima Phone B

Change

☐ Addition