

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 # P95000067587 (2)

1. Corporation Name

AMERICAN HEALTH PLAN OF SOUTH FLORIDA, INC.



Principal Place of Business: **600 WEST 20TH STREET HIALEAH FL 33010**
Mailing Address: **600 WEST 20TH STREET HIALEAH FL 33010**

3. Date Incorporated or Qualified: **08/31/1995**
3a. Date of Last Report

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
26-30: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: **65-0608848**
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
**PUJOS, JOSE R
2701 S.W. LEJEUNE ROAD
SUITE 401
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name: **Wilfred BRACERAS**
82 Street Address (P.O. Box Number is Not Acceptable): **600 West 20th Street**
83
84 City: **Hialeah** FL 85 Zip Code: **33010**

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: *J. P. Pujos* (NOTE: Registered Agent's signature required when reinstating) **01/26/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRACERAS, WILFRED	
STREET ADDRESS	600 WEST 20TH STREET	
CITY-ST-ZIP	HIALEAH FL-33010	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRACERAS, WILFRED	
1.3 STREET ADDRESS	600 WEST 20TH STREET	
1.4 CITY-ST-ZIP	HIALEAH, FL 33010	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRACERAS, SUSANA	
2.3 STREET ADDRESS	600 WEST 20th STREET	
2.4 CITY-ST-ZIP	HIALEAH FL 33010	
3.1 TITLE	Senior VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Luis Del Pozo	
3.3 STREET ADDRESS	600 WEST 20th Street	
3.4 CITY-ST-ZIP	Hialeah, FL 33010	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDGARD ZAMORA	
4.3 STREET ADDRESS	600 WEST 20th Street	
4.4 CITY-ST-ZIP	HIALEAH FL 33010	
5.1 TITLE	VP of FINANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leslie Coertina	
5.3 STREET ADDRESS	600 West 20th Street	
5.4 CITY-ST-ZIP	HIALEAH, FL 33010	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GARY NERTZ	
6.3 STREET ADDRESS	600 WEST 20th STREET	
6.4 CITY-ST-ZIP	HIALEAH FL 33010	

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, changed, or on an attachment with an address.

SIGNATURE: *J. P. Pujos* (NOTE: Registered Agent's signature required when reinstating) **01/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)