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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT #
1. Corporation Name

EMPLOYEE BENEFIT ADMINISTRATORS, INC

Principal Place of Business Mailing Address P 0 BOX 451938 P 0 BOX 451938 MIAMI FL 33245-8938 MIAMI FL 33245-8938)8			
					3. Date incorporated or Qualified 09/14/1972	3a. Date of last Report 06/20/1995
2. Principal Plac	e of Business	2a. Mailing Address 26			4. FEI Number 65-0133121	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State	71		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Cour 30	ntry	8. This corporation has liability for Florida Statutes X Yes	
	g. Name and Address of Current				10. Name and Address of New F	legistered Agent
				81 Name		
CUESTA, ROBERTO, M.D. 3400 CORAL WAY				82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)
S301	3 22145			83		
MAMI	FL 33145			84 City		85 Zip Gode
	007.000	1007 4500 Ft. 2d. Cal.			ration submits this statement for the pu	FL 20 24 Code
or registered familiar with SIGNATURE	d agent, or both, in the State of Florida , and accept the obligations of, Section grature, speed or printed has a of registeral agreed a	a. Such change was authori n 607.0505, Flor da Statute	zed by the c is.	erporation's boa	ard of directors. Thereby accept the app	ointment as registered agent. I am
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TIFLE	P0	☐ DELETE	1 1 1 1	TLF		☐ Change ☐ Addition
NAME	CUESTA, ROBERTO	•	1.2 NA	ME		•
STREET ADDRESS	1610 COUNTRY CLUB PRAD	iU	1.3 S [†]	REET ADDRESS		
CITY - ST - ZiP	CORAL GABLES FL			TY-ST-ZIP		
TITLE	CUESTA, ISABEL	☐ DELETE	2 1 1			Change Addition
NAME	1610 COUNTRY CLUB PRAD	10	2 2 N			
STREET ADDRESS	CORAL GABLES FL	.0		REEL ADDRESS		
CITY-ST-ZIP		DELETE	24 C	TY - ST - ZIP		Change Addition
NAME			32 N			الماسية
STREET ADDRESS				TREE1 ADDRESS		
CITY-ST-ZIF				TY - ST - 7IP		
TITLE		☐ DELETE	4 1 T			Change Addition
NAME			4 2 N	4M€		
STREET ADDRESS			4 3 5	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY-SI-ZIP		
TITLE		DETELF	5 1 7	ITLE		Change Addition
NAME			5.2 N.	AME .		
STREET ADDRESS				IREET ADDRESS		
CITY-ST-ZIP		DELETE		FY - \$1 - ZIF		Change Addition
TIFLE		☐ DELETE	6 1 I			C change Manifoli
NAME			62 N	1		
STREET ADDRESS				IREET ADDRESS		
CITY-S1-ZIP 14. Ldo hereby	certify that the information supplied w	rith this filing is voluntarily ful	roished and	ITY-S1-7IP does not qualify	for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further
certify that oath; that t	the information indicated on this annu-	al report or supplemental an ation or the receiver or trust	inua! report i tee enipowe	s true and accur	rate and that my signature shall have the his report as required by Chapter 607, F	e same legal effect as if made under

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dare Dayline Ptione ■

CR2E034 (12/95)