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PROFIT CORPORATION ANNUAL REPORT

1996



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

Corporation JUAN	MENT # 4573 9 F. LAMAS, M.D., P.A.	95 (2)			
rincipal Place o	of Business	Mailing Address			DYOK BUSAN BARAN TARAN BARAN BIRAN BIRAN BARAN BARAN KARDI
1333 S. MIAMI AVE. MIAMI FL 33130		1333 S. MIAMI AVE. MIAMI FL 33130		, , , , , , , , , , , , , , , , , , ,	
				3. Date Incorporated or Qualified	3a. Date of Last Report
Discount Disc	ce of Business	20 Mailing Artelman		08/15/1974 4. FEI Number	05/01/1995
i i i i i i i i i i i i i i i i i i i	X/ Y1 D(/all 0:35	2a. Mailing Address 26		59-1574700	Applied For Not Applicable
Suite Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Oity & State	-	27 Ch. 8 Dists			Fee Hequired
Oity & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Country	Ζιρ	Country	8. This corporation has liability for i	
	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
RAPPN	ECHE JOSE M				
	UNSET DR		82 Street Add	ress (P.O. Box Number is Not Acceptab	H O)
A213			83		
MAIMI FL 33173			84 City	85 Zip Code	
					FL S LP SSSS
I. Pursuant to or registered familiar with	the provisions of Sections 607 9502 d agent, or both, in the State of Flori , and accept the obligations (if Sec	and 607.1508, Florida Statute 3. Such change was authoriz 9.057.0505, Florida Statutes	es, the above named corpored by the corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	
GNATURE	the provisions of Sections 607,502 d agent, or both, in the State of Floria, and accept the obligations of Sections of Section	od trio if arquis, able (NO	as, the above named corpored by the corporation's boa	ixi when reinstating)	pose of changing its registered offic ointment as registered agent. I am DATE
GNATURE s	greature. Ny red or photocomanie of registered agent	od trio if arquis, able (NO	CVIX / TE: Registered Agent signature require	1-2	pose of changing its registered offic ointment as registered agent. I am DATE
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SIGNATURE:

or on an attachment with an address.

WWW. JOSE M. BANKINETH 1-74-94

Date OF SIGNING OFFICER OR DIRECTOR

Date Date Date Dayting Prove &