SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (0)HECTOR J. MERUELO, M.D., P.A. Principal Place of Business Mailing Address 777 E. 25TH ST., STE, 502 777 E. 25TH ST., STE, 502 HIALEAH FL 33013 HIALEAH FL 33013 3. Date Incorporated or Qualified 3a. Date of Last Report 10/24/1979 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1941295 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 MERUELO, HECTOR J M.D. 777 E. 25TH ST., STE. 502 R2 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/E)DELETE TITLE 11 TITLE Change Addition NAME MERUELO, HECTOR J M.D. 1.2 NAME 777 E. 25TH ST., STE. 502 STREET ADDRESS 13 STREET ADDRESS HIALEAH FL 33013 CITY - ST - ZIP 1.4 CITY - ST - ZIP THILE DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4 CITY - ST-ZIP TIFLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 5.1 TiTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 C (- ST - 7/P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished a further certify that the information indicated on this agriful areport or supplemental and made under eath, that I are an officer of director of the corporation or the receiver or that my name appears in Block 12 or plock 13 if charging or in a placetiment, with an d does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I It report is true and accurate and that my signature shall have the same legal effect as it stee empowered to execute this report as required by Chapter 617, Florida Statuten, and

SIGNATURE:

Merceto

305/816-7377