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**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 702748**

1. Corporation Name

**HEARING AND SPEECH CENTER OF FLORIDA, INC.**

Principal Place of Business

2511 POUCE DE LEON BLVD.  
 SUITE 203  
 CORAL GABLES FL 33134

Mailing Address

2511 POUCE DE LEON BLVD.  
 SUITE 203  
 CORAL GABLES FL 33134



2. Principal Place of Business

21 2511 Ponce De Leon Blvd.  
 Suite, Apt. #, etc.  
 22 Suite 203  
 23 Coral Gables, FL  
 24 33134 25

2a. Mailing Address

26 2511 Ponce De Leon Blvd.  
 Suite, Apt. #, etc.  
 27 Suite 203  
 28 Coral Gables, FL  
 29 33134 30

3. Date Incorporated or Qualified

08/02/1961

4. FEI Number

59-0668488

Applied For  
 Not Applicable

5. Certificate of Status Desired ~~X~~ XIX

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BROOKS, ROY JR., ATTORNEY AT LAW  
 2625 PONCE DE LEON BLVD.  
 SUITE 201  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
 NAME FERNANDEZ-BARQUIN, JUAN  
 STREET ADDRESS 717. PONCE DE LEON BLVD., #222  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE V  
 NAME SICRE, MANUEL V.  
 STREET ADDRESS 701 BRICKELL AVE #2300  
 CITY-ST-ZIP MIAMI FL 33131

TITLE S  
 NAME ALVAREZ, MARLENE  
 STREET ADDRESS 3361 SW 3RD AVE SUITE 102  
 CITY-ST-ZIP MIAMI FL

TITLE TD  
 NAME MERENDI, SILVANO  
 STREET ADDRESS 666 NW 79TH AVE #525  
 CITY-ST-ZIP MIAMI FL 33126

TITLE ED  
 NAME POMS, LILLIAN  
 STREET ADDRESS 8955 SW 85TH TERR.  
 CITY-ST-ZIP MIAMI FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 111 NW 136th Ct.  
 2.4 CITY-ST-ZIP Miami, FL 33182

3.1 TITLE  Change  Addition  
 3.2 NAME S  
 3.3 STREET ADDRESS Gert Beigel  
 3.4 CITY-ST-ZIP 13951 Kendall Lakes Circle  
 Miami, FL 33183

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Lillian Poms 4/5/99 (305) 446-5597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037\_ (11/98)