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1995



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STATE TALLAHASSEE, FLORIDA

HORACIO FERRER INSTITUTE, INC.

1889 SOUTH BAYSHORE DRIVE MIAMI FL 33133

1889 SOUTH BAYSHORE DRIVE MIAMI FL 33133

|    |    |
|----|----|
| 2  | 2a |
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|   |            |                                     |                                       |
|---|------------|-------------------------------------|---------------------------------------|
| 3 | 12/19/1966 | 3a                                  | 02/08/1994                            |
| 4 | 59-6210165 | Applied For                         | Not Applicable                        |
| 5 |            | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required        |
| 6 |            | <input type="checkbox"/>            | \$5.00 May Be Added to Fees           |
| 7 |            | <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8 |            | <input checked="" type="checkbox"/> |                                       |

9 Name and Address of Current Registered Agent

10 Name and Address of New Registered Agent

CORPORATE REGISTERED AGENTS, INC.  
3971 SW 8 ST STE #305  
MIAMI FL 33134

|    |    |
|----|----|
| B1 |    |
| B2 |    |
| B3 |    |
| B4 |    |
| B5 | FL |

11 I hereby certify that the information furnished on this form is true and correct. I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation named herein.

|    |  |
|----|--|
| 12 | SD<br>FERRER, OLGA M., MD<br>1889 SOUTH BAYSHORE DR<br>MIAMI FL  |
|    | V<br>PICAZA, JORGE, M.D.<br>3661 S. MIAMI AVE., #609<br>MIAMI FL |
|    | PD<br>GALLIANO, RAUL MD<br>3661 S MIAMI AVE., #809<br>MIAMI FL   |
|    | AS<br>SKLAR, VIRGIL<br>3661 S. MIAMI AVE.<br>MIAMI FL            |
|    | C<br>LAMAR, MARIO, ESQ.(CNSL)<br>3971 S.W. 8 STREET<br>MIAMI FL  |
|    | TD<br>SKLAR, H. A<br>1889 S. BAYSHORE DR.<br>MIAMI FL            |

|    |   |
|----|---|
| 13 | <del>XXXXXXXXXXXXXXXXXXXX</del>   |
|    | V<br>VALDES-CASTILLO, ESTERAN, M.D.<br>10842 S.W. 33 STREET<br>MIAMI, FL. 33165 |
|    | 800001505738<br>-06/06/95--01003--003<br>*****70.00 *****70.00                  |
|    | AS<br>SKLAR, VIRGIL, H.D.<br>3661 S. MIAMI AVE.<br>MIAMI, FL. 33133             |

14 I hereby certify that the information furnished on this form is true and correct. I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation named herein.

SIGNATURE: *[Signature]*  
SIGNATURE AND TITLE OF PRINTED NAME OF DIRECTOR OR TREASURER  
H.A. SKLAR  
TREASURER

1/14/95 (305) 856-0003