

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711979 (5)

1. Corporation Name  
**HORACIO FERRER INSTITUTE, INC.**



Principal Place of Business: 1889 SOUTH BAYSHORE DRIVE MIAMI FL 33133  
Mailing Address: 1889 SOUTH BAYSHORE DRIVE MIAMI FL 33133

3. Date Incorporated or Qualified: 12/19/1966  
3a. Date of Last Report: 06/01/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-6210165  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
27

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

City & State: 23  
28

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

Zip: 24  
Country: 25  
29  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATE REGISTERED AGENTS, INC.  
3971 SW 8 ST STE #305  
MIAMI 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  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD FERRER, OLGA M., MD 1889 SOUTH BAYSHORE DR MIAMI FL	<input type="checkbox"/> DELETE	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP
TITLE	V VALDES-CASTILLO, ESTEBAN M.D. 10842 SW 33RD ST. MIAMI FL 33165	<input type="checkbox"/> DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP
TITLE	PD GALLIANO, RAUL MD 3661 S MIAMI AVE., #809 MIAMI FL	<input type="checkbox"/> DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP
TITLE	AS SKLAR, VIRGIL M.D. 3661 S. MIAMI AVE. MIAMI FL 33133	<input type="checkbox"/> DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP
TITLE	C LAMAR, MARIO, ESQ.(CONSL. 3971 S.W. 8 STREET MIAMI FL	<input type="checkbox"/> DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP
TITLE	TD SKLAR, H. A 1889 S. BAYSHORE DR. MIAMI FL	<input type="checkbox"/> DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: [Signature] Date: 2/7/96 Daytime Phone #: (305) 856-0003

CR2E037 (12/95)