


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711979 (5)**

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



Principal Place of Business <b>1889 SOUTH BAYSHORE DRIVE MIAMI FL 33133</b>	Mailing Address <b>1889 SOUTH BAYSHORE DRIVE MIAMI FL 33133-3307</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip Country	Zip Country
<b>24</b> <b>25</b>	<b>29</b> <b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>12/19/1966</b>	<b>3a.</b> Date of Last Report <b>02/14/1996</b>
<b>4.</b> FEI Number <b>59-6210165</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FERRER, OLGA M., MD</b>	
STREET ADDRESS	<b>1889 SOUTH BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>VALDES-CASTILLO, ESTEBAN M.D.</b>	
STREET ADDRESS	<b>10842 SW 33RD ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLIANO, RAUL MD</b>	
STREET ADDRESS	<b>3661 S MIAMI AVE., #809</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>SKLAR, VIRGIL M.D.</b>	
STREET ADDRESS	<b>3661 S. MIAMI AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>LAMAR, MARIO, ESQ.(CNLSL.</b>	
STREET ADDRESS	<b>3971 S.W. 8 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SKLAR, H. A</b>	
STREET ADDRESS	<b>1889 S. BAYSHORE DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PRESIDENT-DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FERRER, OLGA M., M.D.</b>	
1.3 STREET ADDRESS	<b>1889 SOUTH BAYSHORE DR</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>	
2.1 TITLE	<b>VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VALDES-CASTILLO, ESTEBAN M.D.</b>	
2.3 STREET ADDRESS	<b>10842 SW 33RD ST.</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	
3.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GALLIANO, RAUL M.D.</b>	
3.3 STREET ADDRESS	<b>3661 S MIAMI AVE #809</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>	
4.1 TITLE	<b>SECRETARY-DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SKLAR, VIRGIL M.D.</b>	
4.3 STREET ADDRESS	<b>3661 S. MIAMI AVE</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>	
5.1 TITLE	<b>COUNSEL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>LAMAR, MARIO, ESQ.(CNLSL</b>	
5.3 STREET ADDRESS	<b>3971 S.W. 8 STREET</b>	
5.4 CITY-ST-ZIP	<b>MIAMI, FL</b>	
6.1 TITLE	<b>TREASURER-DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SKLAR, H. ALFRED</b>	
6.3 STREET ADDRESS	<b>1889 S. BAYSHORE DR</b>	
6.4 CITY-ST-ZIP	<b>MIAMI, FL</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.073(1), 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: \_\_\_\_\_ (305) 856-0003

CR2E037 (9/96)