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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33133-3307
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3. Date Incorporated or Qualified 12/19/1966	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-6210165	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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)