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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730975 (0)

1. Corporation Name

CUBAN SOCIETY OF DERMATOLOGY, INC. (SOCIEDAD CUBANA DE DERMATOLOGIA, INC.)

Principal Place of Business

Mailing Address

1808 S.W. 27TH AVENUE
STE 1
MIAMI FL 33145

1808 S.W. 27TH AVENUE
STE 1
MIAMI FL 33145

3. Date Incorporated or Qualified

10/24/1974

4. FEI Number

23-7415116

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 685 DE SOTO DR.

26 625 DE SOTO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI SPRINGS, FL

City & State

28 MIAMI SPRINGS, FL

Zip

24 33166

Country

25 USA

Zip

29 33166

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARQUIN, PEDRO M.D.

1808 S.W. 27 AVENUE

MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

PEDRO BARQUIN

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

625 DE SOTO DRIVE

83

84 City

MIAMI SPRINGS

FL

85 Zip Code

33166

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

4/27/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD KERDEL, FRANCISCO MD

STREET ADDRESS 1444 N.W. 9TH AVENUE

CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ DELETE

NAME SD JULIEN, JUANA MD

STREET ADDRESS 8720 N. KENDALL DRIVE, #118

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME TD ZAIAC, MARTIN MD

STREET ADDRESS 1680 MICHIGAN AVE., #900

CITY-ST-ZIP MIAMI FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 on an attachment with an address.

SIGNATURE: X

FRANCISCO KERDEL, MD

DATE

4/27/98

305-325-9920

CR2E037 (10/97)