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FILED
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

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 Mailing Address
21 625 DE SOTO DR. 22 Suite, Apt. #, etc.
23 MIAMI SPRINGS, FL 24 33166 25 USA
26 625 DE SOTO DR. 27 Suite, Apt. #, etc.
28 MIAMI SPRINGS, FL 29 33166 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
01 Name PEDRO BARQUIN
02 Street Address (P.O. Box Number is Not Acceptable) 625 DE SOTO DRIVE
03
04 City MIAMI SPRINGS FL 05 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]* DATE 4/27/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KERDEL, FRANCISCO MD	<i>[Signature]</i>
STREET ADDRESS	1444 N.W. 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JULIEN, JUANA MD	
STREET ADDRESS	8720 N. KENDALL DRIVE, #118	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZAIAC, MARTIN MD	
STREET ADDRESS	1680 MICHIGAN AVE., #900	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 *[Signature]* FRANCISCO KERDEL, MD DATE 4/27/98 DAYTIME PHONE 305-325-9920

CR2E037 (10/97)