


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90078 021 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 766787

1. Corporation Name

**PAN AMERICAN ASSOCIATION OF OTO-RHINO-LARYNGOLOG
Y AND BRONCHO-ESOPHAGOLOGY, INC.**

Principal Place of Business

1475 N.W. 12 AVE. #4037
MIAMI FL 33136

Mailing Address

1475 N.W. 12 AVE. #4037
MIAMI FL 33136



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2313646	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

GOODWIN, W. JARRARD
1475 N.W. 12TH AVE. #4037
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code
33136

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORVERA, JORGE M.D.	
STREET ADDRESS	DURANGO 49-701	
CITY-ST-ZIP	MEXICO CITY MX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EAVEY, ROLAND D M.D.	
STREET ADDRESS	243 CHARLES ST.	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOODWIN, W. JERRARD	
STREET ADDRESS	1475 N.W. 12 AVE. #4057	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRUZ, ANTONIO DE LA M.D.	
STREET ADDRESS	2100 WEST THIRD STREET	
CITY-ST-ZIP	LOS ANGELES CA 90057	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CABEZAS, LUIS M.D.	
STREET ADDRESS	CASILLA 634	
CITY-ST-ZIP	VALDIVIA, CHILE	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99

305-585-5222

CR20037-11/98