

SUBJECT: SALVADOR AN AMERICAN MEDICAL Society TAIC

600002029206--0 -12/13/96--01094--003 ******70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

	JAMES Q ABLES (Name of Person)
	(Name of Person)
	Salvadoran American Medical Societi
· ·	9509 S. Dixie Hibhway, Suite 218
	(Address)
	Miami, Florida 33156
	(City, State and Zip Code)
-	

For further information concerning this matter, please call:

(Name of Person) at (805) 4/2 - 9435

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FILED
96 DEC 16 AN 9: 03
SECRETARY OF STATE

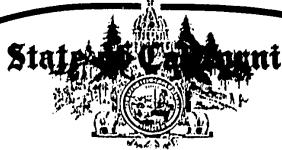
'APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	SALVADORAN AMPLICAN MEDICAL SOCIETY, INC. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a
2.	California 3. 95-4419511 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	(Date of Incorporation) S. PekPe+UAL (Duration: Year corp. will cease to exist or perpetual)
ti.	October 1,1996
7.	
	and the second of the second o
	ADMINISTER COMMUNICATIONS OF NEMBERSHIP (Purpose(s) or corporation authorized in home state or country to be carried out in the state of Fiorida)
9.	Name and street address of Florida registered agent:
	CARLOS E. ALVAREZ M.D.
	3661 S. Mami av. # 1006
	Miami Florida 33133
H	(City) (Zip Code) O. Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated or poration at the place designated in this application, I hereby accept the appointment as egistered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ith and accept the obligations of my position as registered agent.

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated. 12. Names and addresses of officers and/or directors: (Street address only-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: Vice Chairman: Address: SK-Page. BROADWOU ose ARCE Suanez Address: 3920 B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: DR. CARLOS Address: 3661 Miani Address: 914 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) PRESIDENT CARLOS E. ALVGREZ (Typed or printed name and capacity of person/tigning application)



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 21st day of 0ctober 19 93

SALVADORAN AMERICAN MEDICAL SOCIETY, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and provileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

October 30, 1996

Billyons

Secretary of State