FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # G6731	6 (1)			
	S A. VALDES-LORA, M.D.	P.A.			
Principal Place of Business 2945 SW 8 ST. MIAMI FL 33135		Mailing Address 2945 SW 8 ST. MIAMI FL 33135			
				3. Date Incorporated or Qualified 3a. D 10/25/1983	Date of Last Report 05/11/1995
2. Principal Pla 21	ne of Business	2a. Mailing Address		4. FEI Number 59-2340919	Applied For Not Applicable
Suite, Apt. #	t, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ(ρ) 24	Gountry 25	Ζιρ 29	Country 30	B. This corporation has liability for intangible Florida Statutes ☐ Yes ☐ No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
VAL DEC	LODA CADLOS A		81 Name		
146 ISLA	LORA, CARLOS A. DORADA BLVD.			ddress (P.O. Box Number is Not Acceptable)	
CORAL (GABLES FL 33143		83	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
			84 City		85 Zip Code
or registers familiar with SIGNATURE	Aparting and a project out agent OF FIGERS ANI	and the day models (N	ged by the corporation's is. CHLUS A CHLUS A	orporation submits this statement for the purpose of board of directors. I hereby accept the appointment . UHUIG - UPA, H.D. papered when renstating: ADDITIONS/CHANGES TO OFFICERS A	2-6-96
10.05	DP VALDES-LORA, CARLOS A	☐ DECETE	1. 1 TITLE		Change
NAME STREET ACORESS	146 ISLA DORADA BLVD.		1.2 NAME 1.3 STREET ADDRESS		211.2
001 ST ZP	CORAL GABLES, FL 00000		1.4 CITY - ST - ZIP	<u></u>	クリタク
THUE		[DELETE	2 1 11111		☐ Change ☐ Addition
NAM: STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
(15 · S1 · 70)			2 4 C(TY - ST - Z(P		
1111		DELETE	3 1 TITLE		Change Addition
NAMI STREET ADDRESS			3.2 NAME 3.3 STHEET ADDRESS		
Offy ST 26			3.4 CITY - ST - ZIP		
THUS		☐ DELETE	4.1 THEF		Change Add-tion
V#A-			4.2 NAME		
SPREED ADDRESS			4.3 STHELF ADDRESS		
Offy St. Zip	· · · · · · · · · · · · · · · · · · ·	[DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		
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10'sF		[] DELETE	6 1 TITLE		☐ Change ☐ Addition
NAMI SUBERT ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
City S ZiP			6.4 CITY - ST - ZIP		
14 Ldo besetw	cost for that the information considered	vito toje filos je volustacily fue		the for the exemption stated in Section 119 07(3)(k)	Florido Ctat das 15 other

I do hereby certly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3/K). 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 early, that I am an office or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the original statutes and that my name appears in Block 12 or Block 13 if the original statutes and that my name appears in Block 12 or Block 13 if the original statutes are trusteed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the original statutes are trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the original statutes are trusted empowered to execute this report as required by Chapter 607, Florida Statutes are trusted empowered to execute this report as required by Chapter 607, Florida Statutes are trusted empowered to execute this report as required by Chapter 607, Florida Statutes are trusted empowered to execute this report as required by Chapter 607, Florida Statutes are trusted emports and the statutes are trusted emports. MUNION CARLOS JALDES-LORA D. 16-96 (305)649-490. SIGNATURE: (X)