

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 14 AM 10:06

DOCUMENT # **K06012** (4)  
1. Corporation Name  
**LATIN AMERICAN HOSPITAL CONSORTIUM, INC.**

Principal Place of Business Mailing Address  
**1716 NW 62ND AVE MIAMI FL 33126-1016** **2752 NW 79TH AVE MIAMI FL 33122 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/01/1987** 3a. Date of Last Report **06/21/1994**  
4. FEI Number **65-0030526** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2752 N.W. 79th Ave.** 26 **Same**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State **Miami, FL** 28 City & State  
24 Zip **33122** 25 Country **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**ESCOBAR, ENRIQUE  
13424 SW 91 TERRACE  
MIAMI FL 33186**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ESCOBAR, ENRIQUE</b>
STREET ADDRESS	<b>13424 SW 91 TERRACE</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b>
NAME	<b>PEDRO, FERERO L.</b>
STREET ADDRESS	<b>CRA. 7 NO 79-75 OF 304</b>
CITY ST ZIP	<b>BOGOTA, COLOMBIA</b>
TITLE	<b>S</b>
NAME	<b>ESCOBAR, CLARA SUSANA</b>
STREET ADDRESS	<b>13424 SW 91 TERRACE</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b>
NAME	<b>RODRIGUEZ, JAIME</b>
STREET ADDRESS	<b>CRA. 7 NO 79-75 OF 304</b>
CITY ST ZIP	<b>BOGOTA, COLOMBIA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clara Susana Escobar  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

May 18/95 (305) 4774446