

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 11:52

DOCUMENT # K07703 (7)

1. Corporation Name

BENEFICIOS MEDICOS INTERNACIONALES, INC.

Principal Place of Business

2525 S.W. 27TH AVE.
SUITE 100
MIAMI FL 33133

Mailing Address

2525 S.W. 27TH AVE.
SUITE 100
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/18/1987

3a. Date of Last Report

02/22/1994

4. FEI Number

65-0026243

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P, ESQ.
2525 S.W. 27TH AVE.
SUITE 100
MIAMI FL 33131

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

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 relocating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~GT~~
VELASQUEZ, MARIA I
2525 S.W. 27TH AVE.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
MALATS, ALBERTO
2620 S W 27TH AVENUE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
SANCHEZ, MIGUEL
2620 S W 27TH AVENUE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
DE ARMAO, ELOY
2620 S.W. 27TH AVE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Director
BUSH, BRENT
2620 S.W. 27th Avenue
Miami, Florida

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Vice President, Secretary & Treasurer
MALATS, ALBERTO
2620 S.W. 27th Avenue, Miami, FL

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Chairman & Director
SIERRA, ANTONIO M.
2620 S.W. 27th Avenue
Miami, FL

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(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 oath. I am an officer or director 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

1-23-95 (305) 443-2898