## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

**DOCUMENT # K68906** CENTRO MIDWAY AMNISTIA Y MEDICO INC. Principal Place of Business Mailing Address 85 GRAND CANAL DRIVE **BS GRAND CANAL DRIVE** #107 MIAMI FL 33144-2566 MIAMI FL 33144 3a. Date of Last Report 3. Date Incorporated or Qualified 02/23/1989 06/14/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 65-0107768 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zin Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Yes 🗌 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Sádron, Gladys 81 PADRON 8315 GRAND CANAL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** 83 84 Zip Code City 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 ponted name of registrical agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition 1.1 TITLE TITLE PADRON, JOHN G. 1.2 NAME NAME **85 GRAND CANAL DRIVE** 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE PADRON, INOCENTE G. NAME 2.2 NAME 85 GRAND CANAL DRIVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2 4 CHTY - ST-ZIP CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PADRON, GLADYS NAME 3.2 NAME 85 GRAND CANAL DRIVE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the polemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information information indicated on this annual relam an officer or director of the corp. appears in Block 12 or Block 13 if on an attachment with an address.

FILED

Jan 17 1997 8:00am

Secretary of State