FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (2)K97013 ALEJANDRO F. NAVARRO MD., PA. Mailing Address Principal Place of Business 9100 CORAL WAY, SUITE 1 9100 CORAL WAY, SUITE 1 MIAM! FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0126872 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAVARRO, ALEJANDRO F 529 ALTARA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33146 9100 Poral way Sute #1 83 Zip Code 33165 11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ___ Addition **PSD** 1.1 TITLE TITLE NAVARRO, ALEJANDRO F 1.2 NAME NAME 529 ALTARA AVENUE 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 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 TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

SIGNATURE:

14. I hereby certify that the information indicated on this annual report of officer or director of the cerporate Block 12 or Block 13 if changed.

NAME

STREET ADDRESS

Macmin TillED

achment with an address

01/19/98

with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ital 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 ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

(305) 223-6655

R2E034 (10/97)