


FILE NOW: Fee after May 1, will be \$588.75

| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | |
|--|---------------------------|---|--------------------------|-----------|---------------------------|-------------------------|--------------------------|-----|------------------|---------------------------|-----------------|-----|---------------------|----------------------------|-----------------------|
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | | | | | |
| 1. Name and Mailing Address of Limited Liability Company IBERMED, L.C. 2100 PONCE DE LEON BLVD. SUITE 1180 CORAL GABLES FL 33134 | | DOCUMENT #L93000000346 1a. Principal Place of Business Address 2100 PONCE DE LEON BLVD. SUITE 1180 CORAL GABLES FL 33134 | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3a. State of Formation FL 4. FEI Number 65-0444097 5. Date of Last Report 05/01/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required | | | | | | | | | | | | | |
| 7. Name and Address of Current Registered Agent ZAMORA, ENCARNACION 2100 PONCE DE LEON BLVD. SUITE 1180 CORAL GABLES FL 33134 | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL | | | | | | | | | | | | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><tr><th style="width:10%;">10. Title</th><th style="width:30%;">Managing Members/Managers</th><th style="width:30%;">Business Street Address</th><th style="width:30%;">City, State and Zip Code</th></tr><tr><td>MGR</td><td>PASCUAL, GABRIEL</td><td>2100 PONCE DE LEON BLVD.,</td><td>CORAL GABLES FL</td></tr><tr><td>MGR</td><td>ZAMORA, ENCARNACION</td><td>CARRETERA MADRID-CARTAGENA</td><td>MOLINA DE SEGURA, SPA</td></tr></table> <div style="text-align: right; margin-top: 20px;">900002158699--6 -04/29/97--01087--017 ****203.75 ****203.75</div> | | | | 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | MGR | PASCUAL, GABRIEL | 2100 PONCE DE LEON BLVD., | CORAL GABLES FL | MGR | ZAMORA, ENCARNACION | CARRETERA MADRID-CARTAGENA | MOLINA DE SEGURA, SPA |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code | | | | | | | | | | | | |
| MGR | PASCUAL, GABRIEL | 2100 PONCE DE LEON BLVD., | CORAL GABLES FL | | | | | | | | | | | | |
| MGR | ZAMORA, ENCARNACION | CARRETERA MADRID-CARTAGENA | MOLINA DE SEGURA, SPA | | | | | | | | | | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: _____ 23/4/97 35445709 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small> | | | | | | | | | | | | | | | |