

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M01341** (0)

1. Corporation Name

**INTERNATIONAL MEDICAL UNDERWRITERS, INC.**



Principal Place of Business

Mailing Address

**2525 SW 27 AVE.  
MIAMI FL 33133**

**2525 SW 27 AVE.  
MIAMI FL 33133**

2. Principal Place of Business

2a. Mailing Address

**21 2620 S.W. 27th Ave.**

**26 2620 S.W. 27th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State**

**27 City & State**

**23 Miami, FL 33133**

**28 Miami, FL 33133**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/05/1984**

3a. Date of Last Report

**01/27/1995**

4. FEI Number

**59-2420054**

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

10. Name and Address of New Registered Agent

**81 Name**

**Antonio M. Sierra**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**2620 SW 27 Ave.**

**83**

**84 City**

**Miami**

**FL**

**85 Zip Code**

**33133**

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 type for printed name of registered agent and take it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**12. OFFICERS AND DIRECTORS**

☐ DELETE

**VD**  
**REAL, LOURDES**  
**2525 S.W. 27TH AVE.**  
**MIAMI FL**

**STD**  
**VELASQUEZ, MARIA ISABEL**  
**2525 S.W. 27TH AVE.**  
**MIAMI FL**

**DP**  
**SIERRA, ANTONIO M**  
**2525 SW 27TH AVENUE**  
**MIAMI FL**

☐ DELETE

☐ DELETE

☐ DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

☒ Change ☐ Addition

**1. TITLE**  
**V,D**

**2. NAME**  
**REAL, LOURDES**

**3. STREET ADDRESS**  
**2620 S.W. 27th Avenue**

**4. CITY-ST-ZIP**  
**Miami, FL 33133**

☒ Change ☐ Addition

**2. TITLE**  
**ST**

**2. NAME**  
**VELASQUEZ, MARIA ISABEL**

**3. STREET ADDRESS**  
**2600 Douglas Rd. #410**

**4. CITY-ST-ZIP**  
**Coral Gables, FL 33134**

☒ Change ☐ Addition

**3. TITLE**  
**D**

**3. NAME**  
**SIERRA, ANTONIO M.**

**3. STREET ADDRESS**  
**2600 Douglas Rd. #410**

**4. CITY-ST-ZIP**  
**Coral Gables, FL 33134**

☐ Change ☒ Addition

**4. TITLE**  
**PD**

**4. NAME**  
**MENENDEZ, ROSA M.**

**4. STREET ADDRESS**  
**2620 S.w. 27th Avenue**

**4. CITY-ST-ZIP**  
**Miami, FL 33133**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 119.07(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; that 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: *Lourdes Real* **LOURDES REAL** **1/24/96** **(305) 447-8885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)