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FILED  
Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2620 S.W. 27TH AVE.  
MIAMI FL 33133  
US

Mailing Address

2620 S.W. 27TH AVE  
MIAMI FL 33133-3001  
US

3. Date Incorporated or Qualified  
06/05/1984

3a. Date of Last Report  
02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

SIERRA, ANTONIO M.  
2620 S.W. 27TH AVE  
MIAMI FL 33133

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME REAL, LOURDES  
STREET ADDRESS 2620 S.W. 27TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ~~STO~~  
NAME ~~VELASQUEZ, MARIA ISABEL~~  
STREET ADDRESS ~~2600 DOUGLAS RD. - SUITE 410~~  
CITY-ST-ZIP ~~CORAL GABLES FL~~

TITLE DP  
NAME SIERRA, ANTONIO M  
STREET ADDRESS 2600 DOUGLAS RD. - SUITE 410  
CITY-ST-ZIP CORAL GABLES FL

TITLE PD  
NAME MENENDEZ, ROAS M  
STREET ADDRESS 2620 S.W. 27TH AVE.  
CITY-ST-ZIP 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 Secretary/Treasurer  
1.2 NAME Duncan, Rosario P.  
1.3 STREET ADDRESS 2600 Douglas Rd. #410  
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE PD  
4.2 NAME MENENDEZ, ROSA M.  
4.3 STREET ADDRESS 2620 S.W. 27th Avenue  
4.4 CITY-ST-ZIP Miami, FL 33133

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

305 529-6000

CR2E034 (9/96)