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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # M01341

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## **FILED** Feb 25 1997 8:00am Secretary of State

1. Corporation Name INTERNATIONAL MEDICAL UNDERWRITERS, INC.  Principal Place of Business Mailing Address 2620 S.W. 27TH AVE. MIAMI FL 33133 US  Miami FL 33133-3001 US									
					3. Date incorpor 06/05/1984	ated or Qualified		e of Last R <b>6/1996</b>	leport
	Prace of Business	2a. Mailing Address			4. FEI Number 59-24200	£4		<u> </u>	plied For
Suite, Apt	#. etc	26 Suite, Apt. #, etc.		**********					ot Applicable Additional
2	, ,	27			6. Certificate of	Status Desired	Ш		equired
City & Sta	ite	City & State			6. Election Cam	paign Financing		\$5.00	May Be
3		28	1 0		Trust Fund Co			bebbA	
Ζφ ! <b>4</b>	Country 25	Z/p [29]	Country 30	у	8. This corporati	ion has liability for	intangible to		. 199.032,
4	g, Name and Address of Curre		1301			ddress of New Re			<u></u>
SIE	RRA, ANTONIO M.		B1	Name					<u> </u>
262	20 S.W. 27TH AVE AMI FL 33133		82		Iress (P.O. Box Numb	er is Not Acceptat	ole)		
			84			***************************************		<b>85</b> Zip	Code
			· · · · · · · · · · · · · · · · · · ·				<u>FL</u>		
office or	registered agent, or both, in the Sta	le of Florida. Such change was	authorized b	y the corpora	tion's board of direct	ors. I hereby accep	pt the appo	intment as	registered
SIGNATURE  12. TITLE	Signature, typical or printed name of registered a OFF ICE RS A	502 and 607, 1508, Florida Stati Te of Florida. Such change was igations of, Section 607,0505, F igant a id-life if applicable (NC ND DIRECTORS)  DELETE	DTE. Registered Ag 13, 1.1 TITLE	ent signature requi	ADDITIONS/CI	HANGES TO OFFICE	DATE DERS AND		
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I have been supposed the configuration of the configuration of the exemption stated in section (19.07(3))). 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 configration 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 chapped, or on an attachment with an address.

SIGNATURE: