


FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90058 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # M42885																													
1. Corporation Name INTERAMERICAN INSTITUTE OF HEMATOLOGY AND ONCOLOGY, INC.																													
Principal Place of Business % JULIO M. GARCIA 3661 S. MIAMI AVE., #302 MIAMI FL 33133			Mailing Address % JULIO M. GARCIA 3661 S. MIAMI AVE., #302 MIAMI FL 33133																										
DO NOT WRITE IN THIS SPACE																													
2. Principal Place of Business 21 Suite, Apt., etc. 22 City & State 23 Zip Country 24						2a. Mailing Address 26 Suite, Apt., etc. 27 City & State 28 Zip Country 29						3. Date Incorporated or Qualified 12/09/1986						4. FEI Number 59-2749117						Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees						8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																	
9. Name and Address of Current Registered Agent YELEN, MITCHELL % PINCHASIK, STRONGIN & CO. 3225 AVIATION AVE. MIAMI FL 33131												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												13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																	
TITLE P <input type="checkbox"/> DELETE NAME VILLA, LUIS JR. STREET ADDRESS 3661 S. MIAMI AVE., #410 CITY-ST-ZIP MIAMI FL												1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP																	
TITLE V <input type="checkbox"/> DELETE NAME NOY, JOSE STREET ADDRESS 3661 S. MIAMI AVE., #607 CITY-ST-ZIP MIAMI FL												2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP																	
TITLE ST <input type="checkbox"/> DELETE NAME GARCIA, JULIO M. STREET ADDRESS 3661 S. MIAMI AVE., #303 CITY-ST-ZIP MIAMI FL												3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP																	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP																	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP																	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP																	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO M. GARCIA

9/22/99

305-886-6207

CR2E034 (1/1/98)