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**PROFIT** CORPORATION ANNUAL REPORT



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

1996	
<b>DOCUMENT #</b>	

M60070

(3)

SOUTHER Principal Place of Bus	AST MEDICAL ASSOCIA	ATION, INC.  Mailing Address									
C/O CARIDAD A. 42 N.W. 27TH AV MIAMI FL 33125	. Lopez /enue, suite #309	42 N.W. 27TH /	C/O CARIDAD A. LOPEZ 42 N.W. 27TH AVENUE. SUITE #309 MIAMI FL 33125								
MICHAEL POIS		MIAMI FL 33123				3. Date Incorporated or Qualified 3a. Da 09/30/1987			ote of Last Report 02/07/1995		
. Principal Place of	Business	2a. Mailing Address				4. FEI Numb		<del>-</del>		Applied For	
		26				65-	0007935			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	c. 			5. Certificate	of Status Desired		•	5 Additional Required	
City & State		City & State					impaign Financing Contribution			May Be	
Zψ	Country	Zip	Co	ountry		8. This corpo	ration has liability f	or intangible ta			
	25	29	30			Florida Sta		∕es □ No			
9. 1	Name and Address of Curren	it Registered Agent		81		10. Name and	Address of Nev	v Registered	Agent		
1000 01	DIDAD A			61	Name						
LOPEZ, CAF 42 N.W. 271				82	Street Ad	dress (P.O. Box Nur	nber is Not Accep	table)			
92 N.W. 271 SUITE 309	IN AVE.			83							
MIAMI FL 33	2125										
MINNI LE 2	3133			84	City			FL	85 Z	ip Code	
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SIGNATURE:

2-1-96 (305)541-5558.