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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

199	ľ

	1990	DIVISION	OF CORPORAT	IONS			
DOCU 1. Corporatio	MENT # M89	9213 (6)				
,	n S. San Martin, M.D) P.A.	•				
;		7.70			1 1871 1883 181 181 18 18 18 18 18 18 18		B:B: 110.11 110.11 1821
Principal Place	e of Business	Mailing Address					
C/O GEORGE BEFELER C/O GEORGE BEFELER		ELER					
6725 SW 52 MIAMI FL 33		6725 SW 52ND ST MIAMI FL 33155	•				
10117,0011 7 E D	0100	MINM! FL 33133			3. Date Incorporated or Qualified	3a. Date of Las	
2. Principal Pl	lace of Business	2a. Mailing Address			07/12/1988 4. FET Number	02/27/	
21		26			65-0060673	-	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8	75 Additional
City & State	n	City & State				·	ee Required
23	,	28			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	Country		8. This corporation has hability for		
24	25	29	30		Florida Statutes 🔣 Yes	□No	
	g. Name and Address of C	urrent Hegistered Agent	81	Name	10. Name and Address of New F	legistered Agent	
REFELE	R, GEORGE		ļ				
	RICKELL AVENUE		82	Street Addi	ress (P.O. Box Number is Not Acceptat	ile)	
	FLOOR		83	† ·· · · · · ·			
MIAMI F	FL 33131		84	City		 85	Zip Code
11 Dureupot t	to the provisions of Cautiers 607	0500 1 007 1500 51 11 0	L				,
or register	ed agent, or both, in the State of	.0302 and 607.1508, Florida Sta f Florida. Such change was autho	tutes, the above orized by the corp	named corpor poration's boar	alion submits this statement for the puried of directors. Thereby accept the appropriate of the control of the	pose of changing i pintment as registe	ts registered office red agent. Lam
	tri, and accept the obligations of	, Section 607.0505, Florida Statu	tes.			5	
SIGNATURE	Signature, typed or printed name of registers		(NOTE Fingistered Age	il symbon ne pre-	divided in ostate (DAIL	
12. TILLE	T	S AND DIRECTORS	13.	· ·	ADDITIONS/CHANGES TO OFF		
NAME	D SAN MARTIN, SIMON S	☐ DELETE	1 1 TITLE			☐ Chan	ge 🔲 Addition
STREET ADDRESS	1330 CORAL WAY, STE		1.2 NAME	ADDRESS			
CITY- \$1 - ZIP	MIAMI FL	. 100	1.4 CITY - S				
THILE		DELETE	2.1 TILLE			Char	ge Addition
NAME			2.2 NAME				
STREET ADDRESS			. 23 STREET	ADDRESS			
TITLE		F1 brusse	2.4 City - 9	IT ZIP		- ,	
NAME		DECETE	3 1 THEF			Chan	ge 🔲 Addition
STREET ADDRESS			3.2 NAME 3.3 STREE	T ADDOLCS			j
CHY-SI-ZIP			3 4 C/TY-S	1			
Trile		☐ DELETE	4. 1 T-TLE	:: !		Chan	ge Addition
NAME			4.2 NAME				_
STREET ADDRESS			4.3 STREET	ADDRESS			İ
CITY-S1-ZIP		FT DOLLAR	4.4 CITY - S	1-209			
TITLE NAME		DELETE	5 1 TIBLE			☐ Chan	ge 🔲 Addition
S'REET ADORESS			5.2 NAME	ADDRESS S			
CITY-ST-ZIP			5 3 STATE! 5 4 CITY - S				
TITLE		DELETE	6 1 TITLE			[] Chang	ge Addition
NAME		-	6.2 NAME				1. 1.10 1011
STHEET ADDRESS			€3518181	ADDRESS			
CITY-SF-ZIP			€ 4 CITY - S	T - ZIP			
14. 100 nereby	y certify that the information supp	blied with this filing is voluntarily fo	urnished and does	s not qualify fo	or the exemption stated in Section 119,0	07(3)(k). Elorida Sta	dutes I further

14. Too 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 logal 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:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER ORDINECTOR.

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER ORDINECTOR.

march 20-1996 (305) \$564813