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Secretary of State

03-02-1999 90018 046 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N01326

1. Corporation Name
HONDURAS MEDICAL AID FOUNDATION OF FLORIDA INCORPORATED

| | |
|--|--|
| Principal Place of Business 4416 POINSETTA AVE. WEST PALM BEACH FL 33407 US | Mailing Address 4416 POINSETTA AVE. WEST PALM BEACH FL 33407 US |
|--|--|

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|--------------------------------|-------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date incorporated or Qualified 02/08/1984 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-2419886 |
| 22. City & State | 27. City & State | Applied For <input type="checkbox"/> Not Applicable |
| 23. Zip | 28. Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Country | 29. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

BENDECK, PHYLLIS E.
4416 POINSETTA AVE.
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81. Name **Oscar R. Bendeck**

82. Street Address (P.O. Box Number is Not Acceptable)
5839 Whirlaway Road

83. City

84. City **Palm Beach Gardens** **FL** 85. Zip Code **33418**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Oscar R. Bendeck (NOTE: Registered Agent signature required when reinstating) January 22, 1999 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | BENDECK, TAUFICK E. MD. | <i>TREASURER</i> |
| STREET ADDRESS | 4416 POINSETTA AVE. | <i>POSITION ONLY</i> |
| CITY-ST-ZIP | WEST PALM BCH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BENDECK, GLENN P. | |
| STREET ADDRESS | 8147 WEST LAKE DR. | |
| CITY-ST-ZIP | LAKE CLARKE SHORES FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BENDECK, PHYLLIS E., RN | |
| STREET ADDRESS | 4416 POINSETTA AVE. | |
| CITY-ST-ZIP | WEST PALM BCH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BENDECK, CARL E DR | |
| STREET ADDRESS | 1328 BELMEADE DR. | |
| CITY-ST-ZIP | KINGSPORT TN | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------------|--|
| 1.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | OSCAR R. BENDECK | |
| 1.3 STREET ADDRESS | 5839 WHIRLAWAY RD. | |
| 1.4 CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | MIRNA BENDECK | |
| 2.3 STREET ADDRESS | 5839 WHIRLAWAY RD. | |
| 2.4 CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | VICTORIA BATRUNY | |
| 3.3 STREET ADDRESS | 3025 EMBASSY DRIVE | |
| 3.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | JASMINE BENDECK MEAUX | |
| 4.3 STREET ADDRESS | 5921 VISTA LINDA LANE | |
| 4.4 CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | SANDRA MATUTE | |
| 5.3 STREET ADDRESS | 784 U.S.HWY 1 | |
| 5.4 CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | GILDA ALONZO | |
| 6.3 STREET ADDRESS | 810 SATURN ST. | |
| 6.4 CITY-ST-ZIP | JUPIPER, FL 33477 | |

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 617, 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: Oscar R. Bendeck SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OSCAR R. BENDECK DATE 1/22/99 DAYTIME PHONE # (561) 848-1926

CR2E037 (1/98)