

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

1995 MAY -1 PM 7:30

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-05/18/95--01034--006
*****130.00 *****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N09360 (1)
1. Corporation Name
MEDICAL FRATERNITIES 1959-60 CORP.

Principal Place of Business Mailing Address
1673 S.W. 27 AVE. 1673 S.W. 27 AVE.
SUITE 201 SUITE 201
MIAMI FL 33145 MIAMI FL 33145

3. Date Incorporated or Qualified **05/20/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0124109** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
HERNANDEZ FALCON, JUAN B.
1804 S.W. 100 AVE.
MIAMI FL 33185
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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ FALCON, JUAN B	12 NAME	
STREET ADDRESS	1804 S.W. 100 AVE. 1673 Sw-27 Ave.	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL MIAMI, FL 33145	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	DE LA PEDRAJA, OSVALDO	22 NAME	
STREET ADDRESS	4776 S.W. 8 ST.	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, MAULIO J.	32 NAME	
STREET ADDRESS	747 PONCE DE LEON BLVD.	33 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 11/1/95