

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N40470 (9)**  
1. Corporation Name  
**FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.**



Principal Place of Business: **3630 SW 87 PL. MIAMI FL 33165**  
Mailing Address: **12493 SW 9TH ST MIAMI FL 33184 US**

3. Date Incorporated or Qualified: **10/19/1990**  
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0239795		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip		Country		29		30	
24		25		29		30	

**SAUD, MELBA P.  
12493 SW 9TH ST  
MIAMI FL 33184**

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 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

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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSELLO, FEDERICO L.</b>	1.2 NAME	<b>D</b>
STREET ADDRESS	<b>3007 NW 7 ST.</b>	1.3 STREET ADDRESS	<b>Miriam Sigarroa</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>8760 S.W. 133 Ave. Rd., Apt. 218</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOZANO, RAUL</b>	2.2 NAME	<b>D</b>
STREET ADDRESS	<b>600 E. 45 ST.</b>	2.3 STREET ADDRESS	<b>Lucia N. Peraza</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	<b>470 West 38 Place, Hialeah, FL 33012</b>
TITLE	<b>DPV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAUD, ANTONIO</b>	3.2 NAME	
STREET ADDRESS	<b>3630 SW 87 PL.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGEA, FERNANDO</b>	4.2 NAME	
STREET ADDRESS	<b>7540 SW 153 PL.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINTANA, JOSE</b>	5.2 NAME	
STREET ADDRESS	<b>600 E. 45 ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POMARES, CARLOS</b>	6.2 NAME	
STREET ADDRESS	<b>2761 SW 7 ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 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

*[Handwritten Signature]*

2/16/96 305 531-7229

Date Daytime Phone #

CR2E037 (12/95)