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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
3630 SW 87 PL. MIAMI FL 33165
12493 SW 9TH ST MIAMI FL 33184-2473 US

3. Date Incorporated or Qualified 10/19/1990
3a. Date of Last Report 02/20/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 65-0239795 Applied For Not Applicable

Suite, Apt #, etc. Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 D DELETED
NAME SIGARROA, MIRIAM
STREET ADDRESS 8760 SW 133RD AVENUE ROAD, APT. 218
CITY-ST-ZIP MIAMI FL
TITLE D DELETED
NAME LOZANO, RAUL
STREET ADDRESS 600 E. 45 ST.
CITY-ST-ZIP HIALEAH FL
TITLE DPV DELETED
NAME SAUD, ANTONIO
STREET ADDRESS 3630 SW 87 PL.
CITY-ST-ZIP MIAMI FL
TITLE D DELETED
NAME PERAZA, LUCIA N
STREET ADDRESS 470 WEST 38TH PLACE
CITY-ST-ZIP HIALEAH FL
TITLE D DELETED
NAME QUINTANA, JOSE
STREET ADDRESS 600 E. 45 ST.
CITY-ST-ZIP HIALEAH FL
TITLE D DELETED
NAME POMARES, CARLOS
STREET ADDRESS 2761 SW 7 ST.
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 of Block 12 if changed, or on an attachment with an address.

SIGNATURE [Signature] DATE 2/3/97 (305) 559-9957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0033863

CR2E037 (9/96)