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

## NONPROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name FLORIDA INTERNATION Principal Place of Business

FLORIDA DEPARTME

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

**FILED** 

Jan 16 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

(9)

## FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.

N40470

	•							
Principal Place of Business Ma		Mailing Address	ailing Address			ן נושות בנסט אוצטר נושות נונטס זוטוס וושונוסתג ניין ושוויוסתג ניין אינטסס אונטיס אונטיס אונטיס אונטיס אונטיס א ריין אינטיס אונטיס	400 BIFF BIB	ושטר ואמנה אומנט נו
		12493 SW 9TH ST	493 SW 9TH ST			3. Date Incorporated or Qualified	<u></u>	Carried de la Ca
MIAMI FL 33165		MIAMI FL 33184 US			10/19/1990		ariangenste (Till 1997	
1		US				4. FEI Number		Applied For
ļ						65-0239795		Not Applicable
2. Principal F	Place of Business	2a. Mailing Address				5. Certificate of Status Desired		5 Additional Required
		Suite, Apt. #, etc.	uite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution		May Be
City & State City & State			<del></del>			7. Is this nonprofit corporation a homeowne		
23	28					☑ No		
Zip			<del></del>	Country		8. This corporation owes or has paid the cu		
24	25 29 30 9. Name and Address of Current Registered Agent		30				▼ Yes	□ No
<del></del>	9. Name and Address of Curre	nt Registered Agent	8	11 1	Name	10. Name and Address of New Registered	Agent	
CALID	NCI DA O		<u> </u>					<u></u>
SAUD, MELBA P. 12493 SW 9TH ST			82	2	Street Addre	Address (P.O. Box Number is Not Acceptable)		
MAMI FL 33184			83	3		<del></del>	A TOTAL STREET	
I MATERIAL S	2 33 104		_	1	<del></del> _	فالكراف والمراجع المساور الموسيون		"生生或群"。要生
1			82	4 (	City	FL FL	85 Zi	p Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-office or registered agent, or both, in the State of Florida. Such change was authorized by the						pration submits this statement for the purpose of	of changing	j its registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 617.0503, Flo	iutnorized r rida Statute	oy (r 9\$.	re corporation	on's board of directors. I hereby accept the ap-	ointment :	as registered
SIGNATURE						والمراجع والمهام والمهام والمتحاصين		a <u>444</u>
	Signature, typed or printed name of registered ag			gent s	signature required	d when reinstating) DATE	A F20 N	
12.	OFFICERS AN	ID DIRECTORS	13.		<del> </del>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	
NAME	SIGARROA, MIRIAM		1.1 TITLE	1.1 TILLE 1.2 NAME			Change	3 LT VOGROUI
STREET ADDRESS 8760 SW 133RD AVENUE ROAD, APT. 218				1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	LATABAY CI		1.4 CITY-ST-ZIP		1			and the second second second second
TITLE				2.1 TITLE			Change	e
NAME	LOZANO, RAUL	<del></del>		2.2 NAME				
STREET ADDRESS	600 E. 45 ST.		2.3 STREE	2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-	2. 4 CITY-ST-ZIP			<u>்</u> . 42 . <u>92</u> 4	<u>도 기다 됐다. 노구를 .</u>
TITLE	DPV DELETE		3,1 TITLE	3,1 TITLE			Change	e 🔲 Addition
NAME	SAUD, ANTONIO		3.2 NAME		ļ			
STREET ADDRESS	3630 SW 87 PL		3.3 STREE					,
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. CITY-		ZIP		Change	e Addition
TITLE	i d Peraza, Lucia n	☐ néreis	4.1 TITLE		1		- Change	: Montini
NAME	470 WEST 38TH PLACE	•	4. 2 NAME		PDC00			}
STREET ADDRESS	HIALEAH FL		4,3 STREE 4,4 CITY - 3		•			
CITY-ST-ZIP TITLE	D	DELETE	5.1 TITLE	<u> </u>	IP	<u> </u>	Change	Addition
NAME	QUINTANA, JOSE		5.2 NAME		1			
STREET ADDRESS	600 E. 45 ST.		5.3 STREE		DRESS			,
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-1		1		المراز المنتقى مرداء	とし、1941年第2日第二十年   とし、1941年第2日第二十年
TITLE	D	DELETE	6.1 TITLE	<del></del>			Change	Addition
NAME	POMARES, CARLOS		6.2 NAME		ĺ		Ū	
STREET ADDRESS	2761 SW 7 ST.		6.3 STREET		ORESS			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.