## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # N40470**

### FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.

Principal Place of Busine
3630 SW 87 PL.
MIAMI FL 33165

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

12493 SW 9TH ST MIAMI FL 33184

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

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# **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90069 031 \*\*\*150.00



3. Date Incorporated or Qualifed

10/19/1990

65-0239795

4. FEI Number

Zip   Country   Zip   Country   St. D0 May Bo   Added to Fees   St. Part Fund Contribution   Added to Fees   Added to Fees   St. Part Fund Contribution   Address of New Registered Agent   St. Name and Address of	23		28				5. Certificate of Status Desired	با	Fee Re	quired	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  SAUD, MELBA P. 12493 SW 9TH ST MIAMI FL 33184  82 Street Address (P.O. Box Number is Not Acceptable)  12. Street Address (P.O. Box Number is Not Acceptable)  13. Pursuant to the provisions of Sections 617,0902 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 6170,902 and 617 1508. Florida Statutes, the above-named corporation's board of directors. I nereby accept the appointment agent and the flagstaced. I agent. I am femiliar with, and accept the obligation of, Section 6170,903. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/HANGES TO OFFICERS AND DIRECTORS IN 12  14. CONTROL OFFICERS AND DIRECTORS IN 12  15. NAME  15. SIGNATURE  16. D D DELETE  17. NAME  16. SIGNAROA, MIRIAM  17. STAPP  18. I STREET ADDRESS  17. STAPP  18. I STREET ADDRESS  18. ADDITIONS/HANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  19. STREET ADDRESS  19. STREET ADDRE	Zip		Zip		try						
SAUD, MELBA P. 12493 SW 9TH ST MIAMI FL 33184  82 Street Address (P.O. Box Number is Not Acceptable)  15. 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 agent, or both, in the State of Florida. Such change was suthinized by the corporation's board of directors, I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 12  TILE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 12  TILE  SIGNARDA, MIRIAM  SIGARROA, MIRIAM  STREET ADDRESS  MIAMI FL  10. DELETE  21.TILE  DO  OBLETE  21.TILE  DO  OBLETE  21.TILE  DO  OBLETE  21.TILE  DO  OBLETE  21.TILE  OCHANGE  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Change  Addition  ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/C	24			30				Registerer		01 003	
SAUD, MELBA P.  12493 SW 9TH ST MIAMI FL 33184  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  17. 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Signature, hyper or present agent and the state of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment es registered agent term familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Signature, hyper or present agent and the statute of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment es registered.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. STREET ADDRESS  13. STREET ADDRESS  14. CITY-ST-2P  14. CITY-ST-2P  15. TITLE  15. TITLE  15. TITLE  15. CHANGE  15. CHANGE  15. CHANGE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  15. TITLE  15. CHANGE  15. CHANGE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  15. TITLE  15. CHANGE  15. TITLE  15. CHANGE  15. CHANGE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  15. TITLE  15. CHANGE  1		Name and Address of Cui	tellt Kedistelen Adelit		81 N	ame	10 Marie and Addition of North	rtog.o.o.			
12. 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 agent. and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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, the above-named 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, the above-named 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, the above-named 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, the above-named corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with an accept the obligation of, Section 617.0508, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a provide agent. I am familiar with a provide agent. I	12493 SW 9TH ST										
MIAMI FL 33184    88						82 Street Address (P.O. Box Number is Not Acceptable)					
MAMI FL 33194    B4   City   FL   85   Zip Code											
T. 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 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, 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, 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, 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, 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, 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, or board agent and statutes.  SIGNATURE  12.  OFFICERS AND DIRECTORS IN 12  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZP  ITILE  D	miami fl	MIAMI FL 33184									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I nereby accept me appointment as registered.  Signature.  Signature.  Signature.  Signature. The manifer with, and accept the obligations of, Section 617,0503, Florida Statutes.  Signature.  Signature. The profit of name of registered agent and title if applicable.  NAME  SIGARROA, MIRIAM  STREET ADDRESS  STREET ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, MIRIAM  STREET ADDRESS  MIAMI FL  LOZANO, RAUL  STREET ADDRESS  GOD E. 45 ST.  DPV  DELETE  13 STREET ADDRESS  MIAMI FL  LOZANO, RAUL  22 NAME  STREET ADDRESS  GOD E. 45 ST.  23 STREET ADDRESS  GOD SW 97 PL  SAUD, ANTONIO  STREET ADDRESS  STREET ADDRESS  GOD SW 97 PL  TITLE  DP  DELETE  11 TITLE  DP  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  22 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  22 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  22 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  22 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  22 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  22 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  22 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  STREET ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  LOZANO, RAUL  22 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOZANO, RAUL  23 STREET ADDRESS  ADDITIONS/CHANGES TO OFFICERS ADDRESS  ADDITIONS/CHANGES TO O	eser Saran S	u.		1		y y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Signature, Typed or primed rame of migrature and tilled it applicable.   (NOTE Registered Agent degrature required when instrictable)   DATE	office or r	egistered agent, or both, in the St	ate of Florida. Such change w	as authorized	by the	emed corporatio	oration submits this statement for the in's board of directors. I hereby acce	e purpose o	of changing its pintment as rec	registered pistered	
12.	SIGNATURE			NOTE: Desistered A	and slow	noture seculond	Luben reinstation)	DATE			
TITLE	12.			· · · · · · · · · · · · · · · · · · ·	அவர வி	ierne i edalien			ND DIRECTO	RS IN 12	
NAME STREET ADDRESS   3760 SW 133RD AVENUE ROAD, APT. 218   13 STREET ADDRESS   14 CMY-ST-ZIP				Ε 1,1 ΠΊ	£				Change	Addition	
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MIAMI FL			NAN APT 218	13 STR			•				
TITLE			OND, AI I. EIO								
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CITY-ST-ZIP						DESS					
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STREET ADDRESS   3630 SW 87 PL   3.3 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL   3.4 CITY-ST-ZIP		= :	<b></b> -								
MAMI FL	A 20 191	A Committee of the Comm				DECC					
TITLE         D         DELETE         4.1 TITLE         Change         Addition           NAME         PERAZA, LUCIA N         4.2 NAME         4.3 STREET ADDRESS         470 WEST 38TH PLACE         4.3 STREET ADDRESS           CITY-ST-ZIP         HIALEAH FL         4.4 CITY-ST-ZIP         Change         Addition           NAME         QUINTANA, JOSE         5.2 NAME         Change         Addition           STREET ADDRESS         600 E. 45 ST.         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         D         DELETE         6.1 TITLE         Change         Addition           NAME         POMARES, CARLOS         6.2 NAME         Change         Addition           STREET ADDRESS         2761 SW 7 ST.         6.3 STREET ADDRESS         Change         Change         Addition		*				1					
NAME			□ DELET			<del>-   -</del>	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
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CITY-ST-ZIP         HIALEAH FL         4.4 CITY-ST-ZIP           TITLE         D         DELETE         5.1 TITLE         Change         Addition           NAME         QUINTANA, JOSE         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CHANGE         Addition           NAME         POMARES, CARLOS         6.2 NAME         CSTREET ADDRESS         CSTREET ADDRESS         CSTREET ADDRESS	12 2 12 12 13					DESC	•	*	¥	1.	
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CITY-ST-ZIP		•			-	DRESS					
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STREET ADDRESS 2761 SW 7 ST. 6.3 STREET ADDRESS		Ψ.,	DETE	_	_						
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	•	× *									
6.4 CITY-ST-ZIP  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	CITY-ST-ZIP	MIAMI FL	1ith this filter door wat assali				tection 110 07/3Vi) Florida Statutos	Lifurther	artify that the in	formation	

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:

Applied For

\$8.75 Additional

Not Applicable