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May 27 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 # N46448

1. Corporation Name
LATIN AMERICAN MEDICAL ASSOCIATION, INC.

Principal Place of Business
2925 10TH AVE. NO.
STE 104
LAKE WORTH, FL. 33460

Mailing Address
SAME

3. Date Incorporated or Qualified: 12-13-91
3a. Date of Last Report: 07-08-96

2. Principal Place of Business
21: 13005 SOUTHERN BLVD.
Suite, Apt. #, etc. 22: 215
City & State 23: LOXAHATCHEE, FL.
Zip 24: 33470 Country 25: PALM BEACH

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0432058 ☐ 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

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

9. Name and Address of Current Registered Agent

MIQUEL, ROBERTO
2925 10TH AVE. NO.
STE. 104
LAKE WORTH, FL. 33460

10. Name and Address of New Registered Agent

81 Name: ALLONGO, JOSE F.
82 Street Address (P.O. Box Number is Not Acceptable): 15280 MEADOWWOOD DR.
83:
84 City: WELLINGTON FL 85 Zip Code: 33414

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIQUEL, ROBERTO 2925 10TH AVE NO. STE. 104 LAKE WORTH, FL. 33461	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D JEAN FOUCAULD 2030 GREENVIEW COVE DR. WELLINGTON, FL. 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, JOSE 13448 KINGSBURY DR. WELLINGTON, FL. 33414	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	200002203242 -06/05/97--01104--016 ***61.25	☐ Change ☐ Addition
TITLE D. / NAME / STREET ADDRESS / CITY-ST-ZIP	ALLONGO, JOSE F. 15280 MEADOWWOOD DR. WELLINGTON, FL. 33414	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D MONTIJO, HARVEY 4915 So. CONGRESS AVE. LAKE WORTH, FL. 33461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D AVELLO, WALDO 12300 ALTERNATE A1A PALM BEACH GARDENS, FL. 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D MELGEN, SALOMON 12096 CAPTAIN LANE NO. PALM BEACH, FL. 33408	☐ Change ☒ Addition

CR2E037 (9/96)

5-27-97

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-29-97 (561) 790-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #