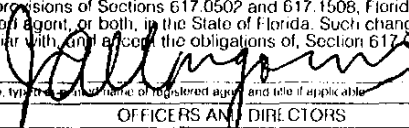
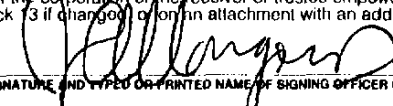


FILE NOW: FILING FEE IS \$61.25

FILED
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	
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	
3. Date Incorporated or Qualified 12-13-91		3a. Date of Last Report 07-08-96	
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, type and print 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 NAME STREET ADDRESS CITY-ST-ZIP	D MIQUEL, ROBERTO ☒ DELETE 2925 10TH AVE. NO. STE. 104 LAKE WORTH, FL. 33460	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D JEAN FOUCAULD ☐ Change ☒ Addition 2030 GREENVIEW COVE DR. WELLINGTON, FL. 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSE ☐ DELETE 13448 KINGSBURY DR. WELLINGTON, FL. 33414	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	200002203242 -06/05/97--01104--016 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ALLONGO, JOSE F. ☐ DELETE 15280 MEADOWWOOD DR. WELLINGTON, FL. 33414	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 ☐ Change ☒ Addition 4915 SO. CONGRESS AVE. LAKE WORTH, FL. 33461
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 ☐ Change ☒ Addition 12300 ALTERNATE AIA PALM BEACH GARDENS, FL. 33410
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 ☐ Change ☒ Addition 12096 CAPTAIN LANE NO. PALM BEACH, FL. 33408
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-29-97 (561) 790-5666 Daytime Phone #			

CR2E037 (9/96)

27-97