

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED

CORPORATION  
ANNUAL REPORT  
1995



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

05 MAY 11 1995

DOCUMENT # **N93000004559 (1)**

**MEDICAL GRADUATES PHYSICIAN ASSISTANT ASSOCIATION, INC.**

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

571 SW 71ST CT MIAMI FL 33144

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/07/1993**

3a. Date of Last Report: **07/06/1994**

4. FEI Number: **65-0481775**

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

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

21. Principal Place of Business: **6850 CORAL WAY**

22. Suite, Apt. #, etc: **506**

23. City & State: **MIAMI, FL.**

24. Zip: **33155**

25. Country: **USA**

26. Mailing Address

27. Suite, Apt. #, etc

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CABEZA, MANUEL E ESQ**  
**44 W FLAGLER ST**  
**18TH FLOOR**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature lines for registered agent and corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DEL OLMO, JOAQUIN 10695 SW 87TH AVE MIAMI FL 33176	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	DS LOPEZ, CAMILO 9509 SW 118TH PL MIAMI FL 33186	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NO LONGER</b>	22 NAME	<b>VP. BURIJ MUCHNIK</b>
STREET ADDRESS		23 STREET ADDRESS	<b>6850 CORAL WAY #506</b>
CITY, ST, ZIP		24 CITY, ST, ZIP	<b>MIAMI, FL. 33155</b>
TITLE	DT MENA, JOSE 571 S.W. 71ST COURT MIAMI FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>DS LIDIA BERMUDEZ</b>
STREET ADDRESS		43 STREET ADDRESS	<b>6850 CORAL WAY #506</b>
CITY, ST, ZIP		44 CITY, ST, ZIP	<b>MIAMI, FL. 33155</b>
TITLE		51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>DD MARIANO LACAYO</b>
STREET ADDRESS		53 STREET ADDRESS	<b>6850 Coral Way # 506</b>
CITY, ST, ZIP		54 CITY, ST, ZIP	<b>Miami, FL 33155</b>
TITLE		61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	<b>D.D. CECILIA SORRINO</b>
STREET ADDRESS		63 STREET ADDRESS	<b>6850 Coral Way # 506</b>
CITY, ST, ZIP		64 CITY, ST, ZIP	<b>Miami FL 33155</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joaquin A. Del Olmo*  
 JOAQUIN A. DEL OLMO  
 REGISTERED OFFICER OR DIRECTOR

5/1/95 305-667-0884