

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004559

1. Corporation Name

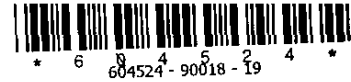
MEDICAL GRADUATES PHYSICIAN ASSISTANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6850 CORAL WAY
 SUITE 506
 MIAMI FL 33155
 US

571 SW 71ST CT
 MIAMI FL 33144



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/07/1993

22 City & State

27 City & State

4. FEI Number

Applied For

23 Zip

28 Zip

65-0481775

Not Applicable

24 Country

29 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

25

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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, typed or printed 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	DP	<input type="checkbox"/> DELETE
NAME	DEL OLMO, JOAQUIN	
STREET ADDRESS	10695 SW 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MUCHNIK, BURIJ	
STREET ADDRESS	6850 CORAL WAY #506	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MENA, JOSE	
STREET ADDRESS	571 S.W. 71ST COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BERMUDEZ, LIDIA	
STREET ADDRESS	6850 CORAL WAY #506	
CITY-ST-ZIP	MIAMI FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	LACAYO, MARIANO	
STREET ADDRESS	6850 CORAL WAY #506	
CITY-ST-ZIP	MIAMI FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	SOBRINO, CECILIA	
STREET ADDRESS	6850 CORAL WAY #506	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *[Signature]* SIGNATURE REQUIRED

08/02/99

305-667-0884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)