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Mar 13 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 # N95000002040 (2)

1. Corporation Name
EL INFORMATIVO DEL SEGURO SOCIAL SERVICIO PUBLICO, INC.



Principal Place of Business: 2605 ANDERSON ROAD CORAL GABLES FL 33134
Mailing Address: 2605 ANDERSON ROAD CORAL GABLES FL 33134-4803

3. Date Incorporated or Qualified: 04/28/1995
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with handwritten 'SAME' entries.

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

9. Name and Address of Current Registered Agent: DIAZ, NORMAN, 2605 ANDERSON ROAD, CORAL GABLES FL 33134
10. Name and Address of New Registered Agent: 81 Name: SAME, 82 Street Address, 83, 84 City, 85 Zip Code: FL

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 I accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: [Signature] NORMAN DIAZ DATE: 3-8-97

12. OFFICERS AND DIRECTORS table with entries for PTD DIAZ, NORMAN; SD DIAZ, NORA; VD NAVARRO, LEON B.
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with 64 rows for new entries.

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] NORMAN DIAZ DATE: 3-8-97 447.1510

CR2E037 (9/96)