FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1997 8:00am

Secretary of State

(96/6) (96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

N95000002040 (2)

EL INFORMATIVO DEL SEGURO SOCIAL SERVICIO PUBLIC O. INC.

Principal Place of Business Mailing Address 2605 ANDERSON ROAD 2605 ANDERSON ROAD CORAL GABLES FL 33134-4803 CORAL GABLES FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 04/28/1995 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country ZiD Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes X No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAME DIAZ, NORMAN 82 Street Address (P.O. Box Number is Not Acceptable) 2605 ANDERSON ROAD 83 **CORAL GABLES FL 33134** 84 Zip Code 85 11. Pursuant to the provisions of Sections 61 office or registered agent, or holfs, in the 0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 617.0503, Florida Statutes. NORMAN ent and little if applicable en reinstating) ICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 THE DELETE 1.1 TITLE Change Addition DIAZ. NORMAN NAME 1.2 NAME 2605 ANDERSON ROAD STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33134 CITY - \$1 - 70F 1.4 CITY-ST-ZIP ☐ DELETE Change Addition THE 2.1 TITLE DIAZ, NORA NAME 2.2 NAME 2603 ANDERSON ROAD STHEET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TOLE 3.1 TITLE ☐ Change Addition NAVARRO, LEON B NAME 3.2 NAME 3662 NW 58TH STREET STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33166 CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE TIT, E 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE lilut 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST 712 54 CITY-ST-ZIP THLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 suppliemental 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 regiment or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

NORMAN DIAZ 3.8.9