

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 SEP 23 PM 3:43

SECRETARY OF STATE



**DOCUMENT # N96000003680 (3)**

1. Corporation Name

**CLINIC OF THE AMERICAS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

303 S.E. 17TH STREET  
 FORT LAUDERDALE FL 33316

303 S.E. 17TH STREET  
 FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

07/12/1996

4. FEI Number

65-0685539

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

7. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ULLMAN, SAMUEL C  
 C/O KELLEY DRYE & WARREN LLP  
 201 S. BISCAYNE BLVD. #2400  
 MIAMI FL 33131

81 Name

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

83

100002649551-4

84 City

-09/28/98 FL 11083 Zip 9009

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARDINER, ANA	
STREET ADDRESS	303 S.E. 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNE, KENNETH C II	
STREET ADDRESS	303 S.E. 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROWER, WIL	
STREET ADDRESS	303 S.E. 17TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARDINER, ANA	
1.3 STREET ADDRESS	303 S.E. 17th Street	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LANGLEY, BEVERLY	
2.3 STREET ADDRESS	303 S.E. 17th Street	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TROWER, WIL	
3.3 STREET ADDRESS	303 S.E. 17th Street	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TAYLOR, CARL	
4.3 STREET ADDRESS	303 S.E. 17th Street	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RODRIGUEZ, LISETTE	
5.3 STREET ADDRESS	303 S.E. 17th Street	
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LOMBARDO CASTRO, V.	
6.3 STREET ADDRESS	303 S.E. 17th Street	
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

*[Handwritten Signature]*

9/8/98

954 355-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)

0006449

ATTACHMENT "A"

1998 NONPROFIT CORPORATION ANNUAL REPORT  
CLINIC OF THE AMERICAS FOUNDATION, INC.

12. Additions/Changes to Officers and Directors

TITLE:	D	Addition
NAME:	BARRERAS, LUIS	
ADDRESS:	303 S.E. 17th Street	
CITY/ST/ZIP:	Fort Lauderdale, FL 33316	