

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

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

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

84 City

100002649551-4

-09/28/98 FL 110831 Zip 90009

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 D ☒ DELETE
NAME GARDINER, ANA
STREET ADDRESS 303 S.E. 17TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME GARDINER, ANA
1.3 STREET ADDRESS 303 S.E. 17th Street
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE D ☐ DELETE
NAME JENNE, KENNETH C II
STREET ADDRESS 303 S.E. 17TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME LANGLEY, BEVERLY
2.3 STREET ADDRESS 303 S.E. 17th Street
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE D ☒ DELETE
NAME TROWER, WIL
STREET ADDRESS 303 S.E. 17TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME TROWER, WIL
3.3 STREET ADDRESS 303 S.E. 17th Street
3.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME TAYLOR, CARL
4.3 STREET ADDRESS 303 S.E. 17th Street
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME RODRIGUEZ, LISETTE
5.3 STREET ADDRESS 303 S.E. 17th Street
5.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 355-4400

006449

CR2E037 (5/98)

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	