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Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthum</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002321 (4)**

1. Corporation Name

**CENTRAL AMERICAN MEDICAL SOCIETY, INC**



Principal Place of Business

Mailing Address

**1551 SAN REMO  
CORAL GABLES FL 33146**

**1551 SAN REMO  
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified

**04/25/1997**

4. FEI Number

**x 65-0768729**

Applied For

Not Applicable

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**

**25**

**29**

**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LACAYO, ALVARO  
1551 SAN REMO  
CORAL GABLES FL 33146**

**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 617.0602 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 617.0903, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**P**

**ALVARO LACAYO**

**1551 SAN REMO**

**CORAL GABLES, FL 33146**

**VP**

**HUMBERTO ESCAPINI**

**1551 SAN REMO**

**CORAL GABLES, FL 33146**

**T**

**BENJAMIN BEFELER**

**1551 SAN REMO**

**CORAL GABLES, FL 33146**

**S**

**ROBERTO REYNA**

**1551 SAN REMO**

**CORAL GABLES, FL 33146**

**D**

**CARLOS EMILIO ALVAREZ**

**1551 SAN REMO**

**CORAL GABLES, FL 33146**

**D**

**JUAN JOSE LUGO**

**1551 SAN REMO**

**CORAL GABLES, FL 33146**

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

Date

Daytime Phone # **0030325**

CR2E037 (10/97)

TITLE : D  
NAME : TOMAS UGARTE  
STREET ADDRESS: 1551 SAN REMO  
CITY STATE ZIP: CORAL GABLES, FL. 33146

TITLE: D  
NAME: VICTOR SOTO  
STREET ADDRESS: 1551 SAN REMO  
CITY STATE ZIP: CORAL GABLES, FL. 33146

TITLE: D  
NAME: ANN E. HOOS  
STREET ADDRESS: 1551 SAN REMO  
CITY STATE ZIP: CORAL GABLES, FL. 33146

TITLE: D  
NAME: JOSE MISAEL CARPIO REINOSA  
STREET ADDRESS: 1551 SAN REMO  
CITY STATE ZIP: CORAL GABLES, FL. 33146

TITLE: D  
NAME: RENE MAYORGA  
STREET ADDRESS: 1551 SAN REMO  
CITY STATE ZIP: CORAL GABLES, FL. 33146