## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000027198

1. Corporation Name

Principal Place of Business  800 SV 29ND STREET  800 SV 29ND STREE
DO NOT WRITE IN THIS SPACE
DO NOT WRITE IN THIS SPACE
Substitute   Sub
2. Principal Place of Business
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   65-0403738
Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  Su
Suite, Apt. #, etc.    Suite, Apt. #, etc.
S. Certificate of Status Desired   Fee Required   City & State
City & State    City & State
2
Zip   Country   Zip   Country   Sip   Country   Sip   Country   Sip   Sign
9. Name and Address of Current Registered Agent  ALVAREZ, JAIME, M.D. 8600 SW 92ND STREET SUITE 103 MIAMI FL 33156  82 Street Address (P.O. Box Number is Not Acceptable)  83 MIAMI FL 33156  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or poth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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, 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, or both, in the State of Florida, Statutes.  SIGNATURE  Signatur, typed or primed name of registered agent and registered agent
ALVAREZ, JAIME, M.D. 8600 SW 92ND STREET SUITE 103 MIAMI FL 33156  81
ALVAREZ, JAIME, M.D. 8600 SW 92ND STREET SUITE 103 MIAMI FL 33156  82   Street Address (P.O. Box Number is Not Acceptable)  83    84   City   FL   85   Zip Code  85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   City
8600 SW 92ND STREET SUITE 103 MIAMI FL 33156  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutas, 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, and accept the obligations of Section 607.0505, Florida Statutas, Statutas, and accept the obligations of Section 607.0505, Florida Statutas, Statutas, and accept the obligations of Section 607.0505, Florida Statutas, and accept the obligations of Section 607.0505, Florida Statutas, statutas, statutas, statutas, the above-named corporation submits this statement for the purpose of changing its registered difficult of the purpose of changing its registered agent and subtractive difficult of the purpose of changing its registered agent and subtractive difficult of the purpose of changing its registered agent and subtractive difficult of the purpose of changing its register
SUITE 103 MIAMI FL 33156  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 way, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  PRESIDENT  U 10 QQ  VICTOR Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITITLE  NAME  ALVAREZ, JAIME  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL 33156  DELETE  11 TITLE  DELETE  11 TITLE  DELETE  21 TITLE  DELETE  21 TITLE  Change  Addition  Change  Addition  NAME  STREET ADDRESS  GITY-ST-ZIP  DELETE  31 TITLE  DELETE  31 TITLE  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition
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office or registered agent, I am familiar with, and accord the obligations of, Section 607.0505, Floridad Statutes.  SIGNATURE  SIGNATURE  PRESIDENT  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  PSTD  ALVAREZ, JAIME  STREET ADDRESS  600 SW 92ND ST, STE 103  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33156  1.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Addition  Change  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  TITLE  Addition  Change  Addition  Addition  Change  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  Addition  Addition  Change  Addition  Addition  Change  Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PSTD
NAME
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CITY-ST-ZIP         MIAMI FL 33156         1.4 CITY-ST-ZIP           TITLE
TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME         2.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         3.2 NAME         3.2 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         4.1 TITLE         Change         Addition
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2.4 CITY-ST-ZIP
DELETE   DELETE   3.1 TITLE   Change   Addition
NAME   3.2 NAME
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4, CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition
3.4. CITY-ST-ZIP   3.4. CITY-ST-ZIP   Change   Addition   TITLE   Change   Addition
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STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition
Mile
NAME 5.2 NAME 5.3 STREET ADDRESS
STREET ADDRESS 5.3 STREET ADDRESS 5.4 CODE ST. TIP.
INVINE

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 edgiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appear with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305-273-5060

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90020 002 \*\*\*158.75