

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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1995

95 MAY -1 PM 2:28

DOCUMENT # P93000055007 (7)

WILFREDO VERA, PH.D., P.A.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**2780 SW 87TH AVE
STE 100
MIAMI FL 33165**

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STE 100
MIAMI FL 33165**

2. Filing Office	2a. Mailing Address	3. Date of Incorporation or Qualification	3a. Date of Last Report
21. 301 Almeria Ave	26. 301 Almeria Ave	08/04/1993	04/27/1994
22. 300	27. 300	4. FIC Number	Applied For Not Applicable
23. Coral Gables, FL	28. Coral Gables, FL	5. Certificate of Status (Desired)	\$8.75 Additional Fee Required
24. 33134	29. 33134	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. US	30. US	7. This corporation, partnership, or individual was created by or under the Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARCIA, WILLIAM
710 S DIXIE HWY
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Applicable)	
83.	
84. City	FL

11. I, the undersigned, the president of the corporation, partnership, or individual, hereby certify that the above named corporation, partnership, or individual is duly organized under the laws of the State of Florida, and that the change was authorized by the corporation's board of directors, partnership agreement, or individual owner, and I accept the responsibility of the foregoing under the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN)	
NAME	D VERA, WILFREDO PHD 2780 SW 87TH AVE #100 MIAMI FL 33165	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the corporation, partnership, or individual is duly organized under the laws of the State of Florida, and that the change was authorized by the corporation's board of directors, partnership agreement, or individual owner, and I accept the responsibility of the foregoing under the Florida Statutes.

SIGNATURE:

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILFREDO VERA, PH.D.
President**

4-28-95 (305) 952-0508