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

PROFIT CORPORATION ANNUAL REPORT



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

1006

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DOCUM 1. Corporation	MENT # P9300	00055178 (6)		
CLINICA	A ASOCIACION CUBANA	INC.			
OLIMO		11101		(188 /88) (18 /8/8 10/4 83) (18 /8/8)	16 18/ 16 11/ 1110/ 1110/ 110/ 110/ 1430/ 111/ 111/
B 1 1 1 5	MATERIAL AND	La Maria And Language			
Principal Place of Business		Mailing Address			
11901 SW 64TH ST MIAMI FL 33183		11901 SW 64TH ST Miami FL 33183			
MINWI IF 901	φ ₃	MINNI IL 30103		Date Incorporated or Qualified	3a. Date of Last Report
				08/05/1993	08/14/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Gertificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for i	
24	25	[29]	[30]		□ No
***	g. Name and Address of Curr	ent Registered Agent	81 Name /	10. Name and Address of New R	egistered Agent
			rex	R HOLSADA	
IMMER, JOHN G			82 Street Addr	ess (P.O. Box Number is Not Acceptab	2 400 A
% KELLEY DRYE & WARREN 2400 MIAMI CTR. 201 S BISCAYNE BLVD				S CHIZEGO C	27/201
MIAMI FL		.VU		·····	121 5 6
INICHIII T	. 00101		84 CORA	1 GAHRS	FL 18 3 3%34
11. Pursuant to	the provisions of Sections (607.05)	02 and 607.1508, Florida Statute	es, the above-named corpor	ration submits this statement for the pur	pose of changing its registered office
or registere familiar with	id agent or foth, in the State of Fig n, and accept the obligations of, Se	orida. Scich) thange was authorize ction 607 0505, Flor Di Statives	ed by the corporation, boa	of directors. I hereby accept the appoint	ointment as registered agent. I am
SIGNATURE	Lemo.	Mosevent	Vuu K I	Muda KA 4-2	4-96
12.		ectand trie it applicable 4NO ND DIRECTORS	116: Registered Agent bignethre Tequire 13.	d whim retrictating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	D V	DELETE	1. 1 TITLE	7,001,1010,017,110,00	Change Addition
NAME	LEON, BENJAMIN JR		1.2 NAME		
STREET ADDRESS	11901 SW 64TH ST		1.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33183		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 THLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ACCUMANCE AND RESTRICT OF THE SECOND	DELETE	2.4 C-TY - SI - 7-P 3 1 TrTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP		.,,,,	3.4 CITY-ST-ZIP		
TITLE		☐ DEFELE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4 4 CHY-ST-ZIP 5 1 DILE		Change Addition
NAME		L. Decem	5.2 NAME	40000101	
STREET ADDRESS			5.3 STREET ADDRESS	4000018 3 -05/24/96010	>>> -010
CITY-ST-ZIP			5 4 CITY-ST-ZIP	***200.00	wy VIV
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		51,
STREET ADDRESS			6.3 STREET ADDRESS		1' 32
CITY-S1-ZIP		All of the first o	6 4 CITY - ST - ZIP		OTZOVIO CIE ME OLE ME I COM
contifue that	the information indicated on this or	voual copod or eupolomootal and	ual report is true and accura	for the exemption stated in Section 119 ate and that my signature shall have the	earna lanal offert se if made under
oath; that I	am an officer or director et the cor	poralign or the receiver or truste	e empowered to execute thi	is report as required by Chapter 607, FI	orida Statutes; and that my name

SIGNATURE: ___

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96 Date

Daytime Phone #