

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000055178 (6)

1. Corporation Name

CLINICA ASOCIACION CUBANA, INC.



Principal Place of Business

11901 SW 64TH ST  
MIAMI FL 33183

Mailing Address

11901 SW 64TH ST  
MIAMI FL 33183

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/05/1993

3a. Date of Last Report

08/14/1995

4. FEI Number

NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

IMMER, JOHN G  
% KELLEY DRYE & WARREN  
2400 MIAMI CTR. 201 S BISCAYNE BLVD  
MIAMI FL 33131

Peter Abesada

2903 Salzedo Street

Coral Gables

FL

33134

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 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 607.1505, Florida Statutes.

SIGNATURE

*Benito. President Peter R. Abesada R/A 4-26-96*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

LEON, BENJAMIN JR

STREET ADDRESS

11901 SW 64TH ST

CITY - ST - ZIP

MIAMI FL 33183

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ DELETE

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