

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 # P93000077022 (0)

1. Corporation Name

TECNO-MED CARE SERVICES, CORP.



Principal Place of Business

Mailing Address

7224 CORAL WAY  
STE 200  
MIAMI FL 33155  
US

20720 SW 117 CT  
MIAMI FL 33155  
US

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 20720 SW 117 CT  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 MIAMI FLORIDA  
City & State

27 City & State

23 Zip 33155 Country US  
24 25

28 Zip Country  
29 30

4. FEI Number

65-0447804

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILAOMAT, JESUS F  
20720 SW 117 CT  
MIAMI FL 33177

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 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 607.0505, Florida Statutes.

SIGNATURE

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 D - Pres - Treasurer  
NAME VILAOMAT, JESUS F  
STREET ADDRESS 20720 SW 117TH COURT  
CITY-STATE-ZIP MIAMI FL 33177

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE D  
NAME ACOSTA, EMILIO R  
STREET ADDRESS CALLE VEREDA DEL RIO #B-21  
CITY-STATE-ZIP BAYAMON, PUERTO RICO

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE D - Secretary  
NAME VILAOMAT, LANDELINA R  
STREET ADDRESS 20720 SW 117TH COURT  
CITY-STATE-ZIP MIAMI FL 33177

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, 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

Pres

2/20/96

(305) 257-1859

Date

Daytime Phone #

CR2E034 (12/95)