

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 # **P93000078450 (2)**

1. Corporation Name

CHILDREN OF THE WORLD MEDICAL CENTER, INC.

Principal Place of Business

**3770 W. OAKLAND PK E. BLVD.
FT. LAUD FL 33311
US**

Mailing Address

**3770 W. OAKLAND PK BLVD.
FT. LAUD FL 33311
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MURCIANO, ALFREDO
3770 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

03/14/1995

4. FEI Number

65-0452835

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

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

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

President
(NOTE: Registered Agent's signature is required when re-registering)

2/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MURCIANO, ALFREDO**
STREET ADDRESS **% 3850 HOLLYWOOD BLVD., SUITE 202**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ DELETE
NAME **MURCIANO, ENRIQUE**
STREET ADDRESS **900 71ST STREET**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **MAGGIOLO, LUIS**
STREET ADDRESS **747 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **WASMER, JOSE**
STREET ADDRESS **747 PONCE DE LEON**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME *Alfredo Murciano*
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME *Enrique Murciano*
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME *L. Maggilo*
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME *J. Wasmer*
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

Alfredo Murciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96
DATE

305 7336 111
Daytime Phone #

CR2E034 (12/95)