

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000087684 (5)  
1. Corporation Name  
NICARAGUAN MEDICAL ASSOCIATION OF FLORIDA, INC.

FILED  
97 OCT 20 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~571 SW 71 COURT~~  
~~MIAMI FL 33144~~

Mailing Address  
~~571 SW 71 COURT~~  
~~MIAMI FL 33144-2728~~

3. Date Incorporated or Qualified  
12/13/1993

3a. Date of Last Report  
07/03/1996

2. Principal Place of Business  
21 10344 S.W. 6th Street  
Suite, Apt. #, etc.  
22  
City & State  
23 Miami  
Zip  
24 33174 Country

2a. Mailing Address  
26 SAMW  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country

4. FEI Number  
65-0460516

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

MENA, JOSE L DR  
~~571 SW 71 COURT~~  
~~MIAMI FL 33144~~

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
10344 S.W. 6 Street  
83  
84 City Miami FL 85 Zip Code 33174

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MENA, JOSE L DR  
STREET ADDRESS ~~571 SW 71 COURT~~  
CITY-ST-ZIP ~~MIAMI FL 33144~~

1.1 TITLE  
1.2 NAME Jose L. Mena  
1.3 STREET ADDRESS 10344 SW. 6th ST  
1.4 CITY-ST-ZIP Miami, FL 33174

TITLE D  
NAME LACAYO, MARIANO J DR  
STREET ADDRESS ~~571 SW 71 COURT~~  
CITY-ST-ZIP ~~MIAMI FL 33144~~

2.1 TITLE D  
2.2 NAME Lacayo, Mariano  
2.3 STREET ADDRESS 10344 S.W. 6th Street  
2.4 CITY-ST-ZIP Miami, FL 33174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 its 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 as an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)