

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:40

DOCUMENT # **P94000005449 (1)**

1. Corporation Name
YAIMA MEDICAL SERVICES, INC.

Principal Place of Business Mailing Address
~~1005 W. 76TH STREET~~
~~SUITE 113A~~
~~HALEAH FL 33014~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1994** 3a. Date of Last Report **N/A**

2. Principal Place of Business 2a. Mailing Address
21 **314-A S.W. 12 AVE.** 26 **314-A S.W. 12 AVE.**

4. FEI Number **65-0461503** Applied For Not Applicable

Suite, Apt. #, etc. 27
22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 28
23 **MIAMI, FL.** 28 **MIAMI, FL.**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 29 Zip Country
24 **33125** 25 **DADE** 29 **33130** 30

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

9. Name and Address of Current Registered Agent
LOPEZ, RICARDO
1005 WEST 76TH ST.
SUITE 113A
HALEAH FL 33014

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
314-A S.W. 12 AVE.
83
84 City **MIAMI** FL 85 Zip Code **33130**

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 agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	D
11.2 NAME	LOPEZ, RICARDO
11.3 STREET ADDRESS	1005 W. 76TH ST. #113A
11.4 CITY, ST, ZIP	HALEAH FL 33014
11.5 TITLE	
11.6 NAME	
11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP	
11.9 TITLE	
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	314-A S.W. 12 AVE.	
12.3 STREET ADDRESS	MIAMI, FL. 33130	
12.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE		
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 TITLE		
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 TITLE		
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 person or persons employed to issue this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. If my name appears in Block 13, my address is:

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-94 : 556 4997