

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 SEP -6 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000029446 (9)

1. Corporation Name

AMERICAN HEALTH CARE EXPORTS, INC.

Principal Place of Business

Mailing Address

9531 S.W. 25TH DRIVE
MIAMI FL 33165

9531 S.W. 25TH DRIVE
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 8284 N.W. 66 ST.,

26 SAME

Suite, Apt. #, etc

Suite, Apt. # etc

22 City & State

27 City & State

23 Miami, FLORIDA

28

24 33166

25 DADE

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

10/25/1995

4. FEI Number

59-260 3796

APPLIED FOR

☒ 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

JESUS F. COUSO

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

8284 N.W. 66 ST.,

83

MIAMI

84 City

MIAMI

FL

85

Zip Code
33166

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 date if applicable

(NOTE: Registered Agent signature required when filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MESTAS, TERESITA
STREET ADDRESS 9531 S.W. 25TH DRIVE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE PRESIDENT ☒ Change ☐ Addition
12 NAME JESUS F. COUSO
13 STREET ADDRESS 8284 N.W. 66 ST.,
14 CITY-ST-ZIP MIAMI, FLA 33166

21 TITLE VICE PRESIDENT ☒ Change ☐ Addition
22 NAME ALFREDO M. PUIG
23 STREET ADDRESS 8284 N.W. 66 ST.,
24 CITY-ST-ZIP MIAMI, FLA 33166

31 TITLE SECRETARY ☒ Change ☐ Addition
32 NAME JESUS F. COUSO
33 STREET ADDRESS 8284 N.W. 66 ST.,
34 CITY-ST-ZIP MIAMI, FLA 33166

41 TITLE TREASURER ☒ Change ☐ Addition
42 NAME ALFREDO M. PUIG
43 STREET ADDRESS 8284 N.W. 66 ST.,
44 CITY-ST-ZIP MIAMI, FLA 33166

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, 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

6/13/96
PRESIDENT/DIRECTOR

(201) 553-8058

Business Phone #

CR2E034 (3/96)