

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033056 (0)

1. Corporation Name

WORLD TRAVELERS NETWORK - MIAMI, INC.

Principal Place of Business

**18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624**

Mailing Address

**18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3261390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**WATSON, WILLIAM L
18401 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

PAXSON, LOWELL W

STREET ADDRESS

700 SPOTTIS WOODS LANE

CITY - ST - ZIP

CLEARWATER FL 34624

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

President-Director

Dean Goodman

18401 U.S. Highway North

Clearwater, FL 34624

Treasurer & Director

John Mark

3000 N. 28th Terrace

Hollywood, FL 33020

Secretary

William L. Watson

18401 U.S. Highway North

Clearwater, FL 34624

Vice President & Director

Robert Rose

3000 North 28th Terrace

Hollywood, FL 33020

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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. WATSON 5-27-95 013-536-2211

Chair

Secretary/Treasurer

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 13 AM 10:20

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p94000033082
1. Corporation Name

FOMENTOS MEDICAL CARE CORP

Principal Place of Business

Mailing Address

1250 N.W. 7TH STREET SUITE 102
MIAMI, FL. 33125

500001514175

-06/15/95--01068--020

*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MAY 2, 1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1250 N.W. 7TH ST

26 1250 NW. 7TH ST

Suite, Apt #, etc

Suite, Apt #, etc

22 SUITE 102

27 SUITE 102

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33125

25 DADE

29 33125

30 DADE

4. FEI Number
65-0486312

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

LUTS M YANES
2366 NW. 7 ST
MIAMI, FL. 33125

81 Name

LUTS M YANES

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

1990 WEST 56 ST

83

84 City HTALEAH

FL

85 Zip Code 33012

*1. 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 of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

5/24/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSD

NAME

LUTS M YANES

STREET ADDRESS

MIAMI, FL 33125

CITY, ST, ZIP

11 TITLE

PSD

12 NAME

LUTS M YANES

13 STREET ADDRESS

1990 W. 56 ST

14 CITY, ST, ZIP

HTALEAH, FL. 33012

TITLE

V/T/D

NAME

JOSE BERGMANN TELLEZ

STREET ADDRESS

5410 SW. 5TH ST, MIAMI, FL 33134-1122

CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/95

(305)324-8400

Date

Deputy Clerk