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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

| DOCUMENT # P9400067069 (2) AMERICO F. PADILLA, MD., PA. | | | | | | | FRIKA PONJA RANJA AK | 116 18 0 11 B | 8 11 8 8 111 1 1841 1881 | |
|--|---|--|--|---|--|--|---|----------------------|--|--|
| Principal Place of Business Mailing Address 7800 SW 87TH AVENUE, STE. 230 7800 SW 87TH AVENUE MIAMI FL 33173 MIAMI FL 33173 | | | | | NUE. STE. 230 | | | | | |
| | | | | | | | | | | |
| 2. Principal P | lace of Rusin | 999 | · · · · · · · · · · · · · · · · · · · | | | | 3. Date Incorporated or Qualified 09/06/1994 | | of Last 3/17/1 | |
| 21 | 2. Principal Place of Business | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 | | | 4. FEI Number | | | Applied For |
| Suite, Apt. #, etc. | | | | | | | 65-0531906 | | | |
| | | | | | | | 5. Certificate of Status Desired | | | 75 Additional e Required 00 May Be |
| - City & State | City & State | | | | | | 6. Election Campaign Financing | | | |
| Zip | | Country | Zıp | | Country | | Trust Fund Contribution | | Adde | ed to Fees |
| 4 | | 25 | 29 | | 30 | | This corporation has liability for intangible tax under s 199: Florida Statutes ☐ Yes ☐ No | | | 199.032, |
| | 9. Name | and Address of Cu | rrent Registered | Agent | | · · · · · · · · · · · · · · · · · · · | 10. Name and Address of New | Registered A | gent | |
| DAMILLA | A AMEDIO | ۸. | | | 81 | Name | | | | |
| PADILLA, AMERICO F 7800 SW 87TH AVENUE, STE. 230 | | | | | | Street Add | fress (P.O. Box Number is Not Accepta | able) | | |
| MIAMI F | L 33173 | LHOL, OIL. 200 | | | 83 | | | | | |
| | • | | | | | | | | | |
| | | | | | | | | | | |
| 11. Pursuant t | o the provision | ons of Sections 607.0 | 502 and 607.1508, | , Florida Statute | es, the above-r | City amed corpo | ration submits this statement for the p | FL urgose of chan | 1 1 | p Code |
| SIGNATURE _ | п, апо ассер | or the poligations of, S | Gection 607,0505, F | lorida Statutes | es, the above-red by the corpo | amed corpo pration's boa | ration submits this statement for the pi rd of directors. I hereby accept the ap | | 1 1 | • |
| SIGNATURE _ | Signature, typed c | or the poligations of, S | ection 607,0505, F went and title if applicable AND DIRECTORS | lorida Statutes | | amed corpo pration's boa | d when reinstaing) | DATE | ging its egistered | registered office d agent. I am |
| SIGNATURE _ | Signature, typed c | o printed name of registered a | ection 607,0505, F went and title if applicable AND DIRECTORS | lorida Statutes | es, the above-ned by the corpo | amed corpo pration's boa | те в спостол ттогосу ассерт те вр | DATE FICERS AND E | ging its egistered | registered office d agent. I am |
| SIGNATURE _ 12. IITLE | Signature, typed o | or the congations of, S or printed name of registered a OFFICERS | ection 607,0505, F gent and title if applicable AND DIRECTORS | lorida Statutes | es, the above-ried by the corporate Registered Agent 13. 1.1 TITLE 1.2 NAME | amed corpo pration's boa | d when reinstaing) | DATE FICERS AND E | iging its registered | registered office diagent. I am DRS IN 12 |
| SIGNATURE | Signature, typed of DPT PADILLA 7800 SV | OFFICERS A, AMERICO F V 87TH AVENUE, 1 | ection 607,0505, F gent and title if applicable AND DIRECTORS | lorida Statutes | es, the above-need by the corporate Fogistered Agont 13. 1.1 TITLE 1.2 NAME 1.3 STREET | amed corporation's boa | d when reinstaing) | DATE FICERS AND E | iging its registered | registered officed agent. I am |
| SIGNATURE _ 12. IIITLE NAME STREET ADDRESS EITY-ST-ZIP | Signature, typed o | OFFICERS A, AMERICO F V 87TH AVENUE, 1 | spect and title if applicable AND DIRECTORS [STE. 230 | lorida Statutes | es, the above-ried by the corporate Registered Agent 13. 1.1 TITLE 1.2 NAME | amed corporation's boa | d when reinstaing) | CATE FICERS AND E | ging its registered | registered official agent. I am DRS IN 12 |
| SIGNATURE _ 12. 11LE 1AME 1TY-ST-ZIP 1ILE 1AME | Signature, typed of DPT PADILLA 7800 SV | OFFICERS A, AMERICO F V 87TH AVENUE, 1 | spect and title if applicable AND DIRECTORS [STE. 230 | NO DELETE | es, the above-ned by the corporate Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 City-St | amed corporation's boa | d when reinstaing) | CATE FICERS AND E | iging its registered | registered officed agent. I am |
| SIGNATURE _ 12. TITE HAME JREET ADDRESS HTY-ST-ZIP HILE AME TREET ADDRESS | Signature, typed of DPT PADILLA 7800 SV | OFFICERS A, AMERICO F V 87TH AVENUE, 1 | spect and title if applicable AND DIRECTORS [STE. 230 | NO DELETE | es, the above-need by the corporate Page 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 City-ST 2.1 TITLE | amed corpo pration's boa signature require ADDRESS | d when reinstaing) | CATE FICERS AND E | ging its registered | registered office d agent. I am DRS IN 12 |
| SIGNATURE _ 12. 11LE 13RE1 ADDRESS 11TY-ST-ZIP 11LE 14ME 17EE1 ADDRESS 11TY-ST-ZIP | Signature, typed of DPT PADILLA 7800 SV | OFFICERS A, AMERICO F V 87TH AVENUE, 1 | spect and title if applicable AND DIRECTORS [STE. 230 | DELETE | es, the above-ried by the corporate Popular Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 City-ST | amed corporation's boardion's hoad signature required applications of the company | d when reinstaing) | CATE FICERS AND E | ging its registered | registered office d agent. I am DRS IN 12 |
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SIGNATURE:

IGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

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