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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000032690 (6)**

1. Corporation Name

**OFICINAS MEDICAS MIDWAY INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1147 PALM AVENUE<br>HIALEAH FL 33010 | 1147 PALM AVENUE<br>HIALEAH FL 33010 |

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report: 4/26/95

2. Principal Place of Business — 21: 1840 W 49 ST
2a. Mailing Address — 26: P.O BOX
Suite, Apt. #, etc. — 22: 420
Suite, Apt. #, etc. — 27: 110222
City & State — 23: HIALEAH
City & State — 28: HIALEAH
Zip — 24: 33013
Country — 25: U.S.A
Zip — 29: 33011-222
Country — 30: U.S.A

4. FEI Number: 65-0592428 ☐ 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**

TORREZ, MARLENE
6215 KENDALL LAKES CIRCLE
3110
MIAMI FL 33183

**10. Name and Address of New Registered Agent**

81 Name: M. PEREZ
82 Street Address (P.O. Box Number is Not Acceptable): 11413 SW 115 LANE
83
84 City: MIAMI FL 85 Zip Code: 33011

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: _____ DATE
Signature of new registered agent, if he is applicable (NOTE: Registered Agent signature required when name changed)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PVD<br>GARCIA, ROBERTO<br>251 W. 42ND STREET<br>HIALEAH FL 33012 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GARCIA, INES<br>251 W. 42ND STREET<br>HIALEAH FL 33012 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>TORREZ, MARLENE<br>6215 KENDALL LAKES CIR., #110<br>MIAMI FL 33187 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~MANUEL FREYRE~~ | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREAS/VP<br>Manuel Freyre<br>1840 W 49ST #420<br>Hialeah, FLA 33011 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>100001846301<br>-05/31/96--01082--006<br>***233.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pres/Sec<br>Marlene Torrez<br>6215 - Kendall Lakes Cir.<br>Miami Fla | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5/31/96

**SIGNATURE:** Matthew G Torrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/96
Date

305/822 8699
Daytime Phone #