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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P96000009358*

1. Corporation Name
MEDICAL AID, INC.

Principal Place of Business
OFFICE

Mailing Address
*1150 S.W. 22st #5
MIAMI FL. 33129*

2. Principal Place of Business 21 <i>OFFICE</i>	2a. Mailing Address 26 <i>1150 S.W. 22st</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>#5</i>
City & State 23	City & State 28 <i>MIAMI FLORIDA</i>
Zip 24	Zip 29 <i>33129</i>
Country 25	Country 30 <i>DADE</i>

3. Date Incorporated or Qualified <i>January 30, 1996</i>	3a. Date of Last Report
4. FEI Number <i>65-0653966</i>	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
*EYVOR GOMEZ
1150 S.W. 22st #5
MIAMI FL. 33129*

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 *EYVOR GOMEZ* *president* DATE *oct 3, 1997*

(NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE	<i>President</i>
NAME	<i>EYVOR GOMEZ</i>
STREET ADDRESS	<i>1150 S.W. 22st #5</i>
CITY - ST - ZIP	<i>MIAMI FL. 33129</i>
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

1.1 TITLE ☐ Change ☐ Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE ☐ Change ☐ Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE ☐ Change ☐ Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE ☐ Change ☐ Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE ☐ Change ☐ Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE ☐ Change ☐ Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *[Signature]* DATE *oct 3, 1997* DAYTIME PHONE # *(305) 856-6383*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO: FLORIDA Dept. OF STATE

(2)

ENCLOSED WITH THIS LETTER IS MY ANNUAL REPORT.
AS IT IS APPARENT THE ADDRESS OF THE CORPORATION IS DIFFERENT
FROM THE ORIGINAL ADDRESS, OF THE CORPORATION, WHEN IT WAS ESTATED.
PLEASE EXCUSE US WITH OUR DEEPEST APOLOGIES. BUT WE FAILED TO
RECEIVE THE REPORT ON TIME. THIS REPORT WAS RECEIVED BECAUSE
WE CONTACTED THE STATE BY PHONE, AS IT SAYS ON THE ADDITIONAL
INFORMATION ENCLOSED.

Sincerely yours,
EYOR GOMEZ, PRESIDENT
MEDICAL AID INC.

