## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 05 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000020180 (1)

SOUTH FLORIDA MEDINVEST, INC.

ARAZOZA, COMAS, DE TORRES, ET. AL.  101 MADEIRA AVENUE CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the obligations of, Section 607.0505, Flor  SIGNATURE  SIgnature, typed or printed name of registered agent and title of expircable. (NOTE)  12. OFFICERS AND DIRECTORS  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	uthorized by orida Statutes.	City  -named corporation of signature require  P AR	red when reinstating)  ADDITIONS/CHANGES  PRESIDENT, ST  RAN, ALBERTO	ancing n Extendible Section 1	intangible Yes [ glstered   purpose of the app  DATE DERS AND	\$8.75 Fee F \$5.00 Addec Lax under No Agent  85 Zip If changing pointment a	Applied F Not Applie Addition Required May Be d to Fees s. 199.03  Code its registe
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Zip Country 7tp  Z5 29  9, Name and Address of Current Registered Agent  ARAZOZA, COMAS, DE TORRES, ET. AL.  101 MADEIRA AVENUE  CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida Such change was at agent. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statute of Provisions of Section 607.0505, Florida Statute of Provided Such change was at agent. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statute of Provided Such change was at agent. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statute of Provided Agent and the displicable (NOTE)  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	81 82 83 84 85; the above- authorized by orida Statutes. 13. 1.1 TILE 1.2 NAME 1.3 STREET / 1.4 CITY - ST	City  -named corporation  at signature require  P  AR	Trust Fund Contribution  8. This corporation has lie Florida Statutes  10. Name and Address of ress (P.O. Box Number is Not poralion submits this statemention's board of directors. I here are when reinstaing)  ADDITIONS/CHANGES  PRESIDENT, ST  RAN, ALBERTO	n ability for in X f New Reg	ritangible Yes [ gistered  ble)  FL  purpose old the app  DATE  DERS AND	Addec	s. 199.00  Code its registes registes
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CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify	6.4 City - St v for the exen		d in Section 119.02(3)(i). Florid	ta Statutos	s. I further	r certify tha	at the

SIGNATURE: