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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham \*\*

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040215 (1)

LATIN EYE CARE, P.A.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place							DIN DAWN BEKE NEW	C
	of Business	Mailing Address	i		(100/100)			
NOI BRICKELL A	VE.		701 BRICKELL AVE.					
SUITE 3000 MIAMI FL 33131		SUITE 3000 Miami FL 33131-2847						
minum to selet			W11		3. Date incorporated or	Qualified	3a. Date of La	st Report
					05/07/1996			
. Principal Pla	nce of Business	2a. Mailing Addi	ess		4. FEI Number 65-066	C 20		Applied For
]		26			65-066	527		Not Applicab
Suite, Apt #	, etc	Suite, Apt #	, etc.		5. Certificate of Status	Desired		75 Additional
]		27			<b>9</b> 1 0010110010 01 010110			e Required
City & Statio		City & State			6. Election Campaign F	-		.00 May Be
L		28		Country	Trust Fund Contribut	***		ded to Fees
- Zip ] ]	Country	Zip	<u></u> ⊢¬	JOUTHU Y	<ol> <li>This corporation has Florida Statutes</li> </ol>		tangibie tax und Yes ☐ No	ier s. 199.032,
l	25 9. Name and Address of Curre	29 ent Registered Agent	30		10. Name and Address			
MITO	ASTATE REGISTERED AGENT			81 Name				
	BRICKELL AVE.	CONFORMION						
	E 3000			62 Street Ad	dress (P.O. Box Number is N	ot Acceptable	∌)	
	E 3000 II FL 33131			63				
MIMM	II FL 33131							
				84 City	·		E1 85	Zip Code
IGNATURE E	Signal to the printed name of registered a			tered Agent signature rec	jured when reinstating)		DATE	
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4. I do hereby cert fy 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 he 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 fileok 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

MUNUM KELLEN TURE AND TYPED OH PHINTED NAME OF SIGNING OFFICER OR PRECTOR 1747 3053463137