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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080374 (8)

CARLOS E. VACA MD, P.A.

Principal Place of Business

Mailing Address

7360 S.W. 108TH TERRACE MIAMI FL 33156

SIGNATURE:

7360 S.W. 106TH TERRACE MIAMI FL 33156-3854

FILED May 02 1997 8:00am Secretary of State



3a. Date of Last Report

08/27/1996

3. Date Incorporated or Qualified

10/19/1995

2. Principal I	Place of Business	2a. Mailing A	Address				4. FEI Number	A	pplied For		
21		26					65-0650264	N	lot Applicable		
Suite, Apt 22	#, etc	Suite, Ap	ot. #, etc.				6. Certificate of Status Desired	4	Additional Required		
City & Stat	le	City & St	ale			-	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country	Zip		Countr	y		8. This corporation has liability for intangle				
24	25	29		30			Florida Statutes Yes	□ No			
	9. Name and Address of Currer	it Registered Age	nt				10. Name and Address of New Registere	id Agent			
VAC	CA, CARLOS E			81	Name	•					
736	7360 S.W. 108TH TERRACE MIAMI FL 33156					82 Street Address (P.O. Box Number is Not Acceptable)					
MIA											
			•	83	}	,					
				84	City			. 85 Zip	Code		
				"	City		F	L 65 2.10	Code		
11. Pursuant	to the provisions of Sections 607,050	2 and 607 1508, F	iorida Statute	s, the abov	e-name	corpo	pration submits this statement for the purpose	of changing	its registered		
office or agent 1 a	registered agent, or poln, in the State am familiar with, and accept the oblig	or Florida, Such o ations of, Section	mange was a 607.0505, Flo	umonzeo b rida Statule	ly the co is.	rporatio	on's board of directors. I hereby accept the a	ppointment as	s registered		
SIGNATURE											
SIGIVATOR	Signature Typed or portion name of registered agr	ent and title of applicable	(NOTE	Registered Aç	ent signatu	ra require	d when reinstating) DAT				
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
(i)(E	PVACA		DELETE	1.1 TITLE		1		☐ Change	Addition		
NAMÉ	-VACK, CARLOS E			1.2 NAME		Į					
STREET ADDRESS	7360 S.W. 108TH TERRACE			1.3 STREE	T ADDRESS						
CITY SE-ZIP	MIAMI FL 33156			1.4 CITY -	ST-ZIP	1.					
1 TEF		L	DELETE	2 1 TITLE				Change	Addition		
NAME	1			2.2 NAME		1					
STREET ADDRESS				2.3 STREE	T ADDRESS	}					
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CHY+ST-ZIP				3.4, CITY	ST - 7(P						
TIFLE			DELETE	4.1 TITLE		1		Change	Addition		
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C I t - S* ZIP	1			4.4 CITY		1					
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NAME:	\			62 NAME		}					
S7REET ADDRESS					T ADDRESS	1					
D0Y-S1-7-2	1			64 CITY-		1					
14. I do here	by certify that the information supplie	d with this filing d	ous not qualif	y for the ex	emplion	stated	in Section 119.07(3)(i), Florida Statutes. I fur	her certify tha	t the		
informati.	on indicated on this annual conort or a	supplemental anni	ial report is to	ue and acc	urata ar	d that i	my signature shall have the same legal effect as required by Chapter 607, Florida Statutes	u aham li sa I	ndar aath: th		

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Principal Plac	ce of Business		Mailing Add	dress		*					MW , <
41 BIRCH AVE. SHALIMAR FL			41 BIRCH AVE. SHALIMAR FL 32578-1138 3. Date Incorporated or Qualified 3a. Date of Last By 12/11/1996 14/14 2a. Mailing Address 2b. H. Birch Ave 59-34/1431 14 ot Applicable Suite, Apt. #, etc. 27 City & State 6. Election Campaign Financing 75.00 May Be 28 Shaliman, Floida 7 rust Fund Contribution 1 Added to Fees								
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	Place of Busine					·					
21 4 1 B) Suite, Apt	reh Av	€			Ave	· · · · · · · · · · · · · · · · · · ·		59-3916931			
22	H, 000			pr. #, 000.		t		5. Certificate of Status Desired			
City & Sta	ilo Umas,	Florida			FL	nida				4	
Zφ 24 325		Country 5 Okalosa	Zip		* Co	intry Kaloos	4	8. This corporation has liability for		tax under s.	199.032,
	g, Name a	ind Address of Curre						10. Name and Address of New Re	gistered	Agent	
	INSON, WILE	Y J				81 Name					
	BIRCH AVE. LIMAR FL 32	670				82 Street	Addres	ss (P.O. Box Number is Not Acceptal	ole)		
ЭПА	ILIMAN FL 32	218				83					
						84 City	-,, ,	······································		85 Zip (Code
	·				~ 	1 1 1			FL	. []	
11. Pursuant office or agent. La	t to the provision registered age am familiar with	ins of Sections 607.05 int, or both, in the Stat n, and accept the obliq	02 and 607.1508, e of Florida. Such gations of, Section	change was a 607.0505, Flo	es, the a luthorize Irida Sta	bove-named d by the corp tutes.	corpoi poratio	ration submits this statement for the instance of directors. I hereby acce	ourpose o pt the app	r changing its pointment as	s registered registered
SIGNATURE	Step doto luterel o	r printed name of registered as	ant end time if applicable	NOTE	Panistare	d Ageni signature	required	when respectively	DATE		
12.	Squarare typed o		D DIRECTORS	(401)	13.	a Ageni signature	raquiso	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
hile	D	_		DELETE	1.1 T	TLE				Change	Addition
NAME	ROBINSON				1.2 N						
STREET ADDRESS						TREET ADDRESS	İ				
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TITLE)		ļ	☐ DELÉTE	4.1 T]			Change	Addition
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\$1966 LADDRESS]					TREET ADDRESS	1				
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STREET ADDRESS						TREET ADDRESS					
City's St. 7iP	1					ITY-ST-7IP	1				

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 phanged, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 62 NAME

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone # 0011739

Change

Addition