

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 AUG -7 PM 12:41

DOCUMENT # P97000009390

1. Corporation Name

GLOBAL MEDICAL ASSISTANCE, INC.

Principal Place of Business

Mailing Address

8000 N.W. 31th Street, Bay #4  
Miami, Florida 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 27, 1997

4. FEI Number

65-0843110

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAFAEL HUGUET  
39 N.W. 40th Court  
Miami, Florida 33126

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, I, the  
office or registered agent, or both, in the State of Florida. Such change was an  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

named corporation submits this statement for the purpose of changing its registered  
the corporation's board of directors. I hereby accept the appointment as registered

SIGNATURE

(Signature, typed or printed name of registered agent and the corporation)

ATURE AND TYPED C

(Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE (P)  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

RAFAEL HUGUET  
39 N.W. 40th Court  
Miami, Florida 33126



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

600002559876--8  
-06/15/98--01085--019  
\*\*\*\*\*122.50 \*\*\*\*\*122.50

600002559876--8  
-08/07/98--01030--004  
\*\*\*\*\*32.50 \*\*\*\*\*27.50

14. I 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 supplementary 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 the filer's form with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/98 (305)499-9990

CR2E034 (10/97)