

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90016 038 ***150.00

DOCUMENT # **P98000005593** ✓

1. Corporation Name
MIAMI MEDICAL INSTITUTE INC.

Principal Place of Business
**4880 NW 7TH STREET
MIAMI FL 33126**

Mailing Address
**4880 NW 7TH STREET
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

65-0816515

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MANRESA, MIGUEL
4861 SW 7 STREET
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name **LUIS E. HERRERA**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **4880 N.W. 7th St.**
84 City **MIAMI** FL 85 Zip Code **33126**

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

[Signature]

2-12-99

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input checked="" type="checkbox"/> DELETE TITLE D NAME MANRESA, MIGUEL STREET ADDRESS 4861 SW 7TH STREET CITY-STATE-ZIP MIAMI FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE PRESIDENT 1.2 NAME LUIS E. HERRERA 1.3 STREET ADDRESS 4880 NW 7TH STREET 1.4 CITY-STATE-ZIP MIAMI FL 33126
<input type="checkbox"/> DELETE TITLE D NAME KASSEM, ELIA STREET ADDRESS 4880 NW 7TH STREET CITY-STATE-ZIP MIAMI FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.1 TITLE PRESIDENT 2.2 NAME LUIS E. HERRERA 2.3 STREET ADDRESS 4880 NW 7TH STREET 2.4 CITY-STATE-ZIP MIAMI FL 33126
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
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<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

MANUEL N. BARRBERTE
4880 NW 7th St.
MIAMI FL 33126
Vice President

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 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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

444-5500

City

Daytime Phone

CR2E034 (11/98)

016121