FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 JAN 29 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47325** **(3)**

1. Corporation Name
M.I.A. HEALTHCARE, INC.

Principal Place of Business
11117 W. OKEECHOBEE RD.
HIALEAH GARDENS FL 33016
US

Mailing Address
144 NW 136 PLACE
MIAMI FL 33182
US

3. Date Incorporated or Qualified: 04/22/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 6536 NW 170 Ln
Suite, Apt #, etc.
27
City & State
28 MIAMI, FL
Zip 29 33015 Country 30 USA DADE

4. FEI Number: 65-0257676 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MEDEROS, ANA
144 NW 136 PLACE
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name: MARIBEL NIEVES
82 Street Address (P.O. Box Number is Not Acceptable): 6536 NW 170th. Ln
83
84 City: MIAMI FL 85 Zip Code: 33015

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]
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	MEDEROS, MARIA E	
STREET ADDRESS	144 NW 136 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☑ DELETE
NAME	MEDEROS, ALFONSO	
STREET ADDRESS	144 NW 136 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☑ DELETE
NAME	MEDEROS, ANA	
STREET ADDRESS	144 NW 136 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director, Secretary, Treasurer	☐ Change ☑ Addition
1.2 NAME	MARIBEL NIEVES	
1.3 STREET ADDRESS	6536 NW 170th. Ln	
1.4 CITY-ST-ZIP	MIAMI, FL 33015	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/22/96
Daytime Phone #: (305) 948-5700

CR2E034 (12/95)