**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S81153** **(6)**

1. Corporate Name
**INTERNATIONAL HEALTH VENTURES II, INC.**

Principal Place of Business
8701 S W 137TH AVE
300
MIAMI FL 33183
US

Mailing Address
8701 S W 137TH AVENUE
300
MIAMI FL 33183
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1991
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 8701 S.W. 137th Ave.
Suite, Apt. # etc. 22 #300
City & State 23 Miami, FL
24 33183 25 USA

2a. Mailing Address
26 8701 S.W. 137th Ave.
Suite, Apt. # etc. 27 #300
City & State 28 Miami, FL
29 33183 30 USA

4. FEI Number: 65-0289015 — 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 qualified for exemption from $ 165.061, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ELLIOTT, LINDA D
8701 S W 137TH AVENUE
300
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name: John Mudd
82 Street Address (P.O. Box Number is Not Acceptable): 8701 S.W. 137th Ave.
83 #300
84 City: Miami FL 85 Zip Code: 33183

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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: John Mudd — 4/18/95
(Signature of Registered Agent, accepting appointment) (Date)

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MUDD, JOHN P. |
| STREET ADDRESS | 11880 BIRD ROAD, SUITE 201 |
| CITY, ST, ZIP | MIAMI FL 33175 |
| TITLE | D |
| NAME | NORIEGA, RUDY |
| STREET ADDRESS | 11880 BIRD ROAD, SUITE 201 |
| CITY, ST, ZIP | MIAMI FL 33175 |
| TITLE | D |
| NAME | SCHAEFER, PAUL |
| STREET ADDRESS | 11880 BIRD ROAD, SUITE 201 |
| CITY, ST, ZIP | MIAMI FL 33175 |
| TITLE | AS |
| NAME | ELLIOTT, LINDA D. |
| STREET ADDRESS | 8701 S W 137TH AVENUE #200 |
| CITY, ST, ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1. TITLE | | ☒ Change ☐ Addition |
| 1. NAME | | |
| 1. STREET ADDRESS | 8701 S.W. 137th Ave., #300 | |
| 1. CITY, ST, ZIP | Miami, FL 33183 | |
| 2. TITLE | | ☒ Change ☐ Addition |
| 2. NAME | | |
| 2. STREET ADDRESS | 8701 S.W. 137th Ave., #300 | |
| 2. CITY, ST, ZIP | Miami, FL 33183 | |
| 3. TITLE | | ☒ Change ☐ Addition |
| 3. NAME | | |
| 3. STREET ADDRESS | 8701 S.W. 137th Ave., #300 | |
| 3. CITY, ST, ZIP | Miami, FL 33183 | |
| 4. TITLE | AS | ☒ Change ☐ Addition |
| 4. NAME | Miranda, Elda | |
| 4. STREET ADDRESS | 8701 S.W. 137th Ave., #300 | |
| 4. CITY, ST, ZIP | Miami, Fl 33183 | |
| 5. TITLE | | ☐ Change ☐ Addition |
| 5. NAME | | |
| 5. STREET ADDRESS | | |
| 5. CITY, ST, ZIP | | |
| 6. TITLE | | ☐ Change ☐ Addition |
| 6. NAME | | |
| 6. STREET ADDRESS | | |
| 6. CITY, ST, ZIP | | |

14. I hereby certify that the information contained herein has been voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further I certify that the information indicated on the annual report or supplemental annual report filing for a Florida profit corporation 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, added, or deleted) with an address.

**SIGNATURE:** John Mudd, Director — 4/18/95 — (305) 383-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200625 CP