

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S81153** (6)
1. Corporation Name
INTERNATIONAL HEALTH VENTURES II, INC.



Principal Place of Business
**8701 SW 137TH AVE
#300
MIAMI FL 33183
US**

Mailing Address
**8701 SW 137TH AVE
SUITE 300
MIAMI FL 33183-4498
US**

2. Principal Place of Business
21 **11880 Bird Road**

2a. Mailing Address
26 **11880 Bird Road**

Suite, Apt. #, etc.
22 **#201**

Suite, Apt. #, etc.
27 **#201**

City & State
23 **Miami, FL**

City & State
28 **Miami, FL**

Zip Country
24 **33175** 25 **USA**

Zip Country
29 **33175** 30 **USA**

3. Date Incorporated or Qualified
09/18/1991

3a. Date of Last Report
05/01/1996

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUDD, JOHN
8701 137TH AVE SUITE 300
300
MIAMI FL 33183**

81 Name **John Mudd**

82 Street Address (P.O. Box Number is Not Acceptable)
11880 Bird Road

83 **#201**

84 City **Miami** FL 85 Zip Code **33175**

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

John Mudd

Signature, typed or printed name of registered agent, or both, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MUDD, JOHN P.**
STREET ADDRESS **8701 SW 137TH AVE SUITE 300**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **11880 Bird Road, #201**
1.4 CITY-ST-ZIP **Miami, FL 33175**

TITLE **D** ☐ DELETE
NAME **NORIEGA, RUDY**
STREET ADDRESS **8701 SW 137TH AVE #300**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **11880 Bird Road, #201**
2.4 CITY-ST-ZIP **Miami, FL 33175**

TITLE **D** ☐ DELETE
NAME **SCHAEFER, PAUL**
STREET ADDRESS **8701 SW 137TH STREET SUITE 300**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **11880 Bird Road, #201**
3.4 CITY-ST-ZIP **Miami, FL 33175**

TITLE **AS** ☐ DELETE
NAME **MIRANDA, ELDA**
STREET ADDRESS **8701 SW 137TH AVE SUITE 300**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **11880 Bird Road, #201**
4.4 CITY-ST-ZIP **Miami, FL 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 recorder 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

John Mudd

305-229-3949

CR2E034 (9/96)