

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

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AND  
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95 MAY -1 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V16056** (6)  
1. Corporation Name  
**MEDICAL RESEARCH CENTER, INC.**

Principal Place of Business Mailing Address  
**1140 WEST 50TH STREET SUITE 202 HIALEAH FL 33012**  
**POST OFFICE BOX 351466 MIAMI FL 33135 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1992** 3a. Date of Last Report **06/14/1994**

4. FBI Number **65-0313686** 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

2. Principal Place of Business 2a. Mailing Address

21 **4343 W Flagler St.** 26 **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 503** 27

City & State City & State

23 **Miami Florida** 28

Zip Country Zip Country

24 **33134** 25 **US** 29 30

9. Name and Address of Current Registered Agent

**DIAZ, YELBA LIGIA**  
**1140 W 50TH ST SUITE 202 HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name **DIAZ, YELBA LIGIA**

82 Street Address (P.O. Box Number is Not Acceptable) **4343 W Flagler St.**

83 **Suite 503**

84 City **Miami** 85 Zip Code **FL 33134**

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 **YELBA LIGIA DIAZ DIRECTOR** DATE **04-27-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DIAZ, YELBA LIGIA</b>
STREET ADDRESS	<b>1140 W 50TH ST SUITE 202</b>
CITY ST ZIP	<b>HIALEAH FL 33012</b>
TITLE	<b>D</b>
NAME	<b>GONZALEZ, JULIO</b>
STREET ADDRESS	<b>1140 W 50TH ST SUITE 202</b>
CITY ST ZIP	<b>HIALEAH FL 33012</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>DIAZ, YELBA LIGIA</b>
13 STREET ADDRESS	<b>4343 W Flagler St. Suite 503</b>
14 CITY ST ZIP	<b>Miami, FL 33134</b>
21 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>GONZALEZ, JULIO</b>
23 STREET ADDRESS	<b>4343 W Flagler St. Suite 503</b>
24 CITY ST ZIP	<b>Miami, FL 33134</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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: **YELBA LIGIA DIAZ, DIRECTOR** DATE: **04-27-95** TELEPHONE: **305-529-0014**