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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052198

PURA SALUD GNC INC.

Principal Plac	e of Business	Mailing Address				Anni Anini Anili liset iinin talat lait teat
13611 S DIXIE HWY		13611 S DIXIE HWY 106			·	
MIAMI FL 33176 MIAMI FL 33176					. DO NOT WRITE	E IN THIS SPACE
US. US				3. Date Incorporated or Qualifed	3.1.3	
		1.14			07/26/1993	***************************************
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	4.40	26 *			65-0426523	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 City & Stot	lo.	City & State		<u></u>	- Flatin Consider Financias	
City & Stat		28			Election Campaign Financing Trust Fund Contribution	S 5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the currer	nt year Intangible
24	25	29	30		Personal Property Tax.	☐ Yes 전 No
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
		Rest British & Park	81	Name		
CASTELLON, BARNEY			82 Street Add		ess (P.O. Box Number is Not Acceptab	lo)
****1380	00 SW 103 AVE		02	Street Addre	ess (P.O. Box Number is Not Acceptab	, , , , , , , , , , , , , , , , , , , ,
MIAI	MI FL 33176		83			经验证的 医 医乳腺素的
ļ ,		1			4. A.	
1			84	City		FI 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s, the above	-named corpo	oration submits this statement for the pr	urpose of changing its registered
111, 10100011	in the Ptoto of both in the Ptoto o	f Clorido, Cuch change was n	thorized by	the corporatio	in'e board of directore. I hereby accent	
office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was au ons of; Section 607.0505, Flor	ithorized by ida Statutes.	the corporatio	on's board of directors. I hereby accept	the appointment as registered
ः ≗agent. ⊩a	registered agent, or both, in the State our familiar with, and accept the obligation	of Florida. Such change was autions of, Section 607.0505, Flor	ithorized by ida Statutes.	the corporatio	on's board of directors. I hereby accept	the appointment as registered
office or office	registered agent, or both, in the State of imfamiliar with, and accept the obligation of the state of registered agent.	ions of Section 607.0505, Flor	ida Statutes.	the corporatio		DATE
ः ≗agent. ⊩a	im familiar with, and accept the obligati	and title if applicable. (NOTE:	ida Statutes.	,		DATE CERS AND DIRECTORS IN 12
SIGNATURE	im familiar with, and accept the obligation	and title if applicable. (NOTE:	Registered Agen	,	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agen	,	I when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND PSTD CASTELLON, BARNEY	and title if applicable. (NOTE:	Registered Agen 13.	it signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD CASTELLON, BARNEY 13800 SW 103 AVE	and title if applicable. (NOTE:	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD CASTELLON, BARNEY 13800 SW 103 AVE MIAMI FL	and title if applicable. (NOTE:	Registered Agen 13. 1.1 TITLE 1.2 NAME	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
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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 of truesee 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 the empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90059 050 ***150.00