SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000077479 (8)

CHINESE BODYWORK & NATURAL HEALTH INC.

FILED Sep 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								r nachiner eld hofft konel adelt dahrt getel goeft frêtt foot didte 10410 (41) 1901	
1400 E 4TH AVENUE 1400 E 4TH AVENUE								:	
HIALEAH FL 33	AH FL 33010								
								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
2, Principal Place of Business 2a, Mailing Address								09/08/1997	
· '	riace of B usine	}· 1	2a. Mailing Address				4. FEI Number Applied For		
21	# -1-	26	· · · · · · · · · · · · · · · · · · ·				65-0802288 Not Applicable		
Suite, Apt.	#, etc.	<u></u> ⊢¬	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
City & Stat	<u> </u>	27	City & State				Fee Required		
23	ie						6. Election Campaign Financing \$5.00 May Be		
Zip Country			[28]	Zip Country				Trust Fund Contribution	
24	-		F	├── ┐			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
[24]		25 29 39 39 30 30 30 30 30 3			1301			Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent	
CUE	A, GUILLERA		arrow registered	- Agont		81	Name	10, Rame and Address of New Registered Apent	
180 E. 19 ST. COURT HIALEAH FL 33010						82 Street A		Address (P.O. Box Number is Not Acceptable)	
HIAL	EAN FL 330								
						83			
					[8	84	City	FL 85 Zip Code	
11. Pursuant to the provisions of sections 607 0502 and 607 1508. Florida Statutes, the above parted corporation submits this statement for the pursuant of charging its recipitated									
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									
						Registered Agent signature required when reinstating) DATE ADDITIONS (SI LANGE OF TO DEFINE OF			
12.	PTD	OFFICER	S AND DIRECTOR		13.	_	F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CHEA, GUL	LEDMO I		L_J DELETE	1			Change Addition	
	180 E 19TH				1.2 NAM				
STREET ADDRESS							DDRESS		
CITY-ST-ZIP	HIALEAH F VS	L 33010			1.4 CITY		ZIP		
TITLE	-	I COMO I		DELETE	2.1 TITLE			Change Addition	
NAME	CHEA, GUI				2.2 NAM		Į.	•	
STREET ADDRESS	180 E 1971						DDRESS		
CITY-ST-ZIP	HIALEAH F	L 33010			24 CITY		ŽIP		
TITLE				DELETE	3 1 TITLE			Change Addition	
NAME					3.2 NAM				
STREET ADDRESS					3.3 STRE		- 1	·	
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	3.4 CITY		P.		
TITLE				L DELETE	4.1 TITLE			Change Addition	
NAME					4.2 NAM	E			
STREET ADDRESS					4.3 STRE	ET A	DDRES\$		
CITY-ST-ZIP					4.4 CITY-	ST-Z	DP		
TITLE				DELETE	5.1 TITLE	•	- 1	Change Addition	
NAME					5.2 NAME	Ε		·	
STREET ADDRESS					5.3 STRE	ET A	DORESS		
CITY-ST-ZIP					5.4 CITY-	ST-Z	IP .		
TITLE				DELETE	6.1 TITLE	•		Change Addition	
NAME					6.2 NAME	E	- 1		
STREET ADDRESS					6.3 STRE	ETAI	DDRESS		
CITY-ST-ZIP	<u> </u>				6.4 CITY-	ST-Z	IP I		

14. 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 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.

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