

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 520288 (2)

1. Corporation Name

PRINCE HEALTH SPA, INC.

95 MAR -7 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business XXXXXX XXXX MIAMI FL XXXX XXXX	Mailing Address XXXXXX XXXX XXXX XXXXXX XXXX XXXX
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 3601 S.W. 132 AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 3601 S.W. 132 AVENUE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/15/1976	3a. Date of Last Report 03/21/1994
22 City & State 23 MIAMI, FLORIDA Zip Country 24 33175 25		27 City & State 28 MIAMI, FLORIDA Zip Country 29 33175 30		4. FEI Number 59-1708489	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

PRINCE, JORGE
2841 S.W. 132 AVENUE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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

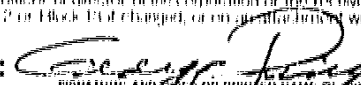
(Signature of person making this report and acting as registered agent)

(Signature of person making this report and acting as registered agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRINCE, JORGE 2841 S.W. 132 AVENUE MIAMI FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	☒ Change ☐ Addition 3601 S.W. 132 AVENUE MIAMI, FLORIDA 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition

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 199.032(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 409, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or my qualifications with my address.

SIGNATURE:  JORGE PRINCE
SIGNATURE AND TITLE ON PRINTED NAME OF FINANCIAL OFFICER OR DIRECTOR

2-15-95 (305) 559-9158