FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 11 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # K41929 (6)

1. Corporation Name
WELLNESS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~2901 STIRLING RD~~ ~~SUITE 307~~ ~~FT. LAUDERDALE FL 33312~~ US	~~2901 STIRLING RD~~ ~~SUITE 305~~ ~~FT. LAUDERDALE FL 33312~~ US

3. Date Incorporated or Qualified: 10/28/1988
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0081671 — 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 1041 IVES DAIRY RD.	26 1041 IVES DAIRY RD
22 Suite, Apt. #, etc. # 139	27 Suite, Apt. #, etc. #139
23 City & State MIAMI FL	28 City & State MIAMI FL
24 Zip 33179 — 25 Country USA	29 Zip 33179 — 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIEVMAN, STEVEN ~~2901 STIRLING RD.~~ ~~#307~~ ~~FT. LUADERDALE FL 33312~~	81 Name: RIEVMAN STEVEN 82 Street Address (P.O. Box Number is Not Acceptable): 1041 IVES DAIRY RD. 83 #139 84 City: MIAMI FL 85 Zip Code: 33179

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] STEVEN RIEVMAN — 3/29/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☑ Change ☐ Addition
NAME	~~DOBKIN, HARRIS~~	1 2 NAME	DELETE
STREET ADDRESS	~~2901 STIRLING RD #307~~	1 3 STREET ADDRESS	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	1 4 CITY-ST-ZIP	
TITLE	STD	2 1 TITLE	☑ Change ☐ Addition — PSD
NAME	RIEVMAN, STEVEN	2 2 NAME	RIEVMAN, STEVEN
STREET ADDRESS	~~2901 STIRLING RD #307~~	2 3 STREET ADDRESS	1041 IVES DAIRY RD. # 139
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	2 4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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: [signature] STEVEN RIEVMAN — 3/29/95 — 305 7709355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220087 CF