

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 047 ****61.25

DOCUMENT # N93000003888

I. Corporation Name

CHRISTIAN NUTRITION COUNSELORS ASSOCIATION, INC.

Principal Place of Business

11420 SW 43 ST
MIAMI FL 33165

Mailing Address

11420 SW 43 ST
MIAMI FL 33165



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
URIARTE, JESUS 4100 W. FLAGLER ST. SUITE K MIAMI FL 33134				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME	BEATO, JUAN L	1.2 NAME	Cambas, Mario F
REET ADDRESS	7381 SW 104 PATH	1.3 STREET ADDRESS	2937 SW 17th Street
Y-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	Miami, FL 33145
LE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	PINEDA, OSCAR H	2.2 NAME	
REET ADDRESS	11420 SW 43 ST	2.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	CAMBAS, MARIO F	3.2 NAME	
REET ADDRESS	12640 SW 18 STREET	3.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
LE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	VENTURA, AMPARO R	4.2 NAME	
REET ADDRESS	10897 NW 7 ST #13	4.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	
LE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	VALDEZ, SARA	5.2 NAME	
REET ADDRESS	1969 SW 19 AVE	5.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL 33145	5.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	DIAZ, JORGE I	6.2 NAME	
REET ADDRESS	14491 SW 153 TERRACE	6.3 STREET ADDRESS	
Y-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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 617, 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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 4, 1999 (305)553-3052

Date

Daytime Phone #

CR2E037 (5/99)