

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).

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

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

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N93000003888**

1. 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 <b>08/27/1993</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25	29	30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

**URIARTE, JESUS**  
 4100 W. FLAGLER ST.  
 SUITE K  
 MIAMI FL 33134

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD BEATO, JUAN L 7381 SW 104 PATH MIAMI FL 33173	<input type="checkbox"/> DELETE	1.1 TITLE
ME			1.2 NAME
REET ADDRESS			1.3 STREET ADDRESS
Y-ST-ZIP			1.4 CITY-ST-ZIP
LE	VD PINEDA, OSCAR H 11420 SW 43 ST MIAMI FL 33165	<input type="checkbox"/> DELETE	2.1 TITLE
ME			2.2 NAME
REET ADDRESS			2.3 STREET ADDRESS
Y-ST-ZIP			2.4 CITY-ST-ZIP
LE	D CAMBAS, MARIO F 12640 SW 18 STREET MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE
ME			3.2 NAME
REET ADDRESS			3.3 STREET ADDRESS
Y-ST-ZIP			3.4 CITY-ST-ZIP
LE	TD VENTURA, AMPARO R 10897 NW 7 ST #13 MIAMI FL 33172	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
ME			4.2 NAME
REET ADDRESS			4.3 STREET ADDRESS
Y-ST-ZIP			4.4 CITY-ST-ZIP
LE	D VALDEZ, SARA 1969 SW 19 AVE MIAMI FL 33145	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
ME			5.2 NAME
REET ADDRESS			5.3 STREET ADDRESS
Y-ST-ZIP			5.4 CITY-ST-ZIP
LE	D DIAZ, JORGE I 14491 SW 153 TERRACE MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE
ME			6.2 NAME
REET ADDRESS			6.3 STREET ADDRESS
Y-ST-ZIP			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** September 4, 1999 (305) 553-3052  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 4  
 CR2E037 (5/99)