


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004917 (8)**  
1. Corporation Name

**HEALING ARTS OF TAO, INC.**



Principal Place of Business <b>2487 N.E. 183RD STREET N. MIAMI BEACH FL 33160-2024</b>	Mailing Address <b>2487 N.E. 183RD STREET N. MIAMI BEACH FL 33160-2024</b>
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3. Date Incorporated or Qualified

**09/23/1996**

4. FEI Number

**65-0710448**

Applied For

Not Applicable

2. Principal Place of Business <b>21 11470 N.W. 38 PL.</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Sunrise, FL</b> Zip <b>24 33323</b> Country <b>25 Broward</b>	2a. Mailing Address <b>26 P.O. Box 451236</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Sunrise, FL</b> Zip <b>29 33345-1236</b> Country <b>30 Broward</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IBORRA, FRANK  
2487 N.E. 183RD STREET  
N. MIAMI BEACH FL 33160-2024**

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IBORRA, FRANK</b>	1.2 NAME	
STREET ADDRESS	<b>2487 N.E. 183RD STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160-2024</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IBORRA, MARION</b>	2.2 NAME	
STREET ADDRESS	<b>2487 N.E. 183RD STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160-2024</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGMAN, ABBY</b>	3.2 NAME	
STREET ADDRESS	<b>301 N. PINE ISLAND RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOHAMMED, ZYAD</b>	4.2 NAME	
STREET ADDRESS	<b>709 S. ROYAL POINCIANA, #112</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHLIN, SUSAN</b>	5.2 NAME	
STREET ADDRESS	<b>3801 N.E. 170 ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Marion Iborra** **4/14/98 (954)749-7609**

CR2E037 (1097)