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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 PM 1:14

DOCUMENT # P36851 (4)

1. Corporation Name
ALBA HEALTH PRODUCTS, INC.

Principal Place of Business	Mailing Address
1240 W. INDUSTRIAL AVE. UNIT 3 BOYNTON BCH. FL 33426 US	1240 W. INDUSTRIAL AVE. UNIT 3 BOYNTON BCH. FL 33426 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1991
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business	2a. Mailing Address
21 1370 W. INDUSTRIAL AVE	26 1370 W. INDUSTRIAL AVE.
Suite, Apt. #, etc. 22 109	Suite, Apt. #, etc. 27 109
City & State 23 BOYNTON BEACH, FL	City & State 28 BOYNTON BEACH, FL
Zip 24 33426 Country 25 P.B.	Zip 29 33426 Country 30 P.B.

4. FEI Number: 58-1768018 ☐ 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	10. Name and Address of New Registered Agent
BACHE, ALAIN 9640 EL CLAIR RANCH RD. BOYNTON BCH. FL 33437	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	BACHE, ALAIN	12 NAME	
STREET ADDRESS	9604 EL CLAIR RANCH RD.	13 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH. FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BACHE, REBECCA	22 NAME	
STREET ADDRESS	9604 EL CLAIR RANCH RD.	23 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH. FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alain Bache ALAIN BACHE 6.5.95 (407) 735-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202517 CP