

SECOND NOTICE: CORP  
AMOUNT DUE ON OR BEFORE

DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT 30 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084454 (6)

1. Corporation Name

CLINICA DE SALUD NATURAL INC.

Principal Place of Business

4701 S.W. 7TH ST.  
MIAMI FL 33134

Mailing Address

4701 S.W. 7TH ST.  
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0453854

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FIGUEROA, SIXTO  
4701 S.W. 7TH ST.  
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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME FIGUEROA, SIXTO  
STREET ADDRESS 4701 S.W. 7TH ST.  
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 500002339365--0  
1.4 CITY-ST-ZIP -11/05/97--01096--011

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: SIXTO FIGUEROA (President) 7-21-97 (305) 445-1556

CR2E034 (4/97)

②

OCTOBER 29th 1997

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
409 GAINES STREET  
TALLAHASSEE, FLORIDA 32390

TO WHOM THIS MAY CONCERN;

I SENT CHECK #559 IN THE AMOUNT OF \$550.00 ON JULY 21 1997  
FOR THE CORPORATION CLINICA DE SALUD NATURAL, INC. DOCUMENT  
#P93000084454 (6).


ON OCTOBER 28th I RECEIVED A NOTICE OF REVOCATION FOR THIS  
CORPORATION WHICH TO MY KNOWLEDGE WAS ALL CURRENT AND UP TO  
DATE.

I SPOKE TODAY WITH ONE OF YOUR REPRESENTATIVES AND SHE SAID  
TO SIGN AGAIN MY COPY OF THE REPORT THAT WAS PREVIOUSLY SENT  
TO YOU ON JULY 21 1997 WITH ANOTHER CHECK FOR \$550.00 SINCE  
THE PAPER WORK GOT LOST IN THE MAIL.

I WOULD APPRECIATE THE REACTIVATION OF THE CORPORATION.

IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT (305)445-1556 OR  
MY CELLULAR (305)213-4305.

I THANK YOU IN ADVANCE,

  
CLINICA DE SALUD NATURAL, INC.  
SIXTO FIGUEROA, PRESIDENT