

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007772 (3)

1. Corporation Name:
HEALTH REMEDIES INTERNATIONAL, INC.

Principal Place of Business

470 BELLINI CR.
NOKOMIS FL 34275
US

Mailing Address

470 BELLINI CR.
NOKOMIS FL 34275-1419
US3. Date Incorporated or Qualified
01/30/19953a. Date of Last Report
06/25/1996

2. Principal Place of Business

21 470 BELLINI CIR

Suite Apt. #, etc.

22

City & State

23 NOKOMIS

24

Zip

34275

Country

25 SARASOTA

2a. Mailing Address

26 470 BELLINI CIR

Suite, Apt. #, etc.

27

City & State

28 NOKOMIS

29

Zip

FL

Country

30 SARASOTA

4. FEI Number

65-0566176

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☒ No ☐

9. Name and Address of Current Registered Agent

ROSENTHAL, DAVID S
7000 S.W. 62ND AVE.
SUITE PH-B
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name Bruce P Chapnick
82 Street Address (P.O. Box Number is Not Acceptable)
2033 N Main St Suite 600
83
84 City Sarasota FL 85 Zip Code 34237

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

2/12/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDEZ, JOE
STREET ADDRESS 1512 NE 21 ST
CITY - ST - ZIP FT LAUDERDALE FL 33305

X DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME JOYCE ABIBL
1.3 STREET ADDRESS 470 BELLINI CIR
1.4 CITY - ST - ZIP NOKOMIS FL 34275Change ☒ Addition ☒

President

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPChange ☐ Addition ☐3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPChange ☐ Addition ☐4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPChange ☐ Addition ☐5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPChange ☐ Addition ☐6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIPChange ☐ Addition ☐

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOYCE ABIBL 2/20/97 941-966-1955

CR2E034 (9/96)