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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000012030	(9)
4 Corporation Name		

OCUMENT # Corporation Name OPTIMUM HEALTH F	P9500001 RESEARCH, INC.							
rincipal Place of Business	M	ailing Address						
1101 PONCE DE LEON BLVD.		1101 PONCE DE LEON						
CORAL GABLES FL 33134	'	CORAL GABLES FL 33	3139		3. Date Incorporated or Qualified	Tan Date	of Last Re	
					02/13/1995	Ja. Dace	CHEROCINO	it it'i t
Principal Place of Business	2a.	. Mailing Address			4. FET Number			polied For
THE DESTRICT	26				65-05557	763		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
	27	0			B. Hanting Composing Europeing		<u>.</u>	May Be
City & State	28	City & State			6. Election Campaign Financing Trust Fund Contribution			to Fees
Zip C	puntry	Zıρ	Country	- · · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for	or intangible ta	ix under s	199.032.
25	29	·	30			es 🔲 No		
9. Name and A	ddress of Current Regis	stered Agent			10. Name and Address of New	Registered	Agent	
			81					
AMERILAWYER			82	Street Addin	ess (P.O. Box Number is Not Accept	ab'e)		
343 ALMERIA AVENUE	••		83					
CORAL GABLES FL 331	34							
			84	City		FL	85 Zic	Code
or registered agent, or both, familiar with, and accept the	Sections 607.0502 and 60 in the State of Florida. Sucobligations of, Section 607	07.1508, Florida Statu h change was authori .0505, Florida Statute	ites, the above- ized by the corp es.	named corpor poration's boar	ration submits this statement for the p od of directors. I hereby accept the ap	nurpose of cha opointment as	enging its re registered	agent. Lam
or registered agent, or both, familiar with, and accept the IGNATURE Signature, typed or printe: 2.	Sections 607,0502 and 60 in the State of Florida, Sucobbligations of, Section 607 dinance of registered agent and life of OFFICERS AND DIRECTION.	n change was authori .0505, Florida Statute applicable (N CTORS	NOTE: Royaltered Ages	CHAUGH S DOOR	o or or control of the control of	DATE FINCE HS ANT	DIRECTO	R\$ IN 12
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SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Mare. 96 (301)446-9955 Destruction Plane