

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90012 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000018741
 1. Corporation Name
WHITE CRANE HEALING ARTS CENTER, INC.



Principal Place of Business 2316 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 US	Mailing Address 11470 NW 38 PL SUNRISE FL 33323-1104 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1234 N. University Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 1234 N. University Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/06/1995
22 City & State Plantation, FL		27 City & State Plantation, FL		4. FEI Number 65-0560277
23 Zip 33332		28 Zip 33332		Applied For <input type="checkbox"/> Not Applicable
24 Country U.S.A.		30 Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent IBORRA, FRANK 2487 N.E. 183RD STREET N. MIAMI BEACH FL 33160				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	11470 N.W. 38 Pl.
83	
84 City	Sunrise
85 State	FL
86 Zip Code	33323-1104

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBORRA, FRANK	1.2 NAME	
STREET ADDRESS	2487 N.E. 183RD STREET	1.3 STREET ADDRESS	11470 N.W. 38 Pl.
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	Sunrise, FL 33323-1104
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBORRA, MARION	2.2 NAME	
STREET ADDRESS	2487 N.E. 183RD STREET	2.3 STREET ADDRESS	11470 N.W. 38 Pl.
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	SUNRISE, FL 33323-1104
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion Iborra **SIGNATURE REQUIRED** **4-9-99** (954) 474-5404
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)