

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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000022026 (5)

1. Corporation Name

PURA SALUD GNC NO. 3 INC.



Principal Place of Business

2520 SW CORAL WAY
SUITE 6
MIAMI FL 33145
US

Mailing Address

13615 S. DIXIE HWY
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

4. FEI Number

65-0600876

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

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
30		31	

9. Name and Address of Current Registered Agent

CASTELLOW, BARNEY
13615 S. DIXIE HWY
MIAMI FL 33156

10. Name and Address of New Registered Agent

81	Name	Castellon, Barney
82	Street Address (P.O. Box Number is Not Acceptable)	2520 Coral Way #6
83		
84	City	Miami
85	Zip Code	FL 33145

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

(NOTE: Registered Agent signature required when reinstating)

1/10/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	CASTELLON, TAMARA	
STREET ADDRESS	2520 CORAL WAY #6	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	T	DELETE
NAME	CASTELLON, ANA	
STREET ADDRESS	2520 CORAL WAY #6	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S	DELETE
NAME	CASTELLON, ALAN	
STREET ADDRESS	2520 CORAL WAY #6	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	P	DELETE
NAME	CASTELLON, BARNEY	
STREET ADDRESS	2520 CORAL WAY #6	
CITY-ST-ZIP	MIAMI FL 33145	
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		
1.4 CITY-ST-ZIP		
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 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]*

1-10/98 (305) 860 9676

CR2E034 (10/97)