

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000024086 (7)**

1. Corporation Name

NUTRITION & WELLNESS CONSULTANTS, INC.



Principal Place of Business

Mailing Address

4759 PALM AVE.
SUITE 299
HIALEAH FL 33012

4759 PALM AVE.
SUITE 299
HIALEAH FL 33012

2. Principal Place of Business

2a. Mailing Address

21 777 East 25 street

26 same

22 Suite, Apt. #, etc.
suite No. 108

27 Suite, Apt. #, etc.
same

23 City & State
Hialeah

28 City & State
same

24 Zip 33013 Country Dade

29 Zip same Country same

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

n/a

4. FEI Number

65-0577144

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELLIDO, LOURDES G
7205 MIAMI LAKES DR.
#B7
MIAMI LAKES FL 33014

81 Name Lourdes G Bellido

82 Street Address (P.O. Box Number is Not Acceptable)
7205 Miami Lakes Dr # B7

83 Miami Lakes Fl 33014

84 City Miami Lakes FL 85 Zip Code 33014

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 *Lourdes G. Bellido* (Treasurer, Board member)

4-22-96

Signature typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE

NAME - Leyanee Perez
STREET ADDRESS 14728 Balgowan Rd
CITY-ST-ZIP Miami Lakes Fl 33014

TITLE Treasurer ☐ DELETE

NAME - Lourdes G. Bellido
STREET ADDRESS 7205 Miami Lakes Drive #B7
CITY-ST-ZIP Miami Lakes Fl 33014

TITLE Vice President ☐ DELETE

NAME - Maria Elena Hernandez
STREET ADDRESS 14451 SW 161 Street
CITY-ST-ZIP Miami Fl 33177

TITLE Secretary ☐ DELETE

NAME - Sandra Castellano
STREET ADDRESS 40E 54 Street
CITY-ST-ZIP Hialeah Fl 33013

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Lourdes G. Bellido (Treasurer, Officer) 4-22-96

Date

Daytime Phone #

CR2E034 (12/95)