

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997.



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

FILED  
Jun 18 1997 8:00am  
Secretary of State

DOCUMENT # P95000024086 (7)

1. Corporation Name

NUTRITION & WELLNESS CONSULTANTS, INC.

Principal Place of Business

Mailing Address

9877 Pines Blvd PO BOX 126852  
Pembroke Pines FL 33024 Hialeah, FL 33012.

2. Principal Place of Business

21 9877 Pines Blvd.

2a. Mailing Address

26 PO BOX 126852

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Pembroke Pines

28 City & State

Hialeah FL 33012

24 Zip

33024

Country

USA.

29 Zip

33012

Country

USA.

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

4-22-96 -

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME PD  
STREET ADDRESS Leyanee Perez  
CITY-ST-ZIP 14728 Balgowan Rd  
Miami Lakes FL 33014

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME VP  
STREET ADDRESS Maria Elena Hernandez  
CITY-ST-ZIP 14451 SW 161ST.  
MIAMI FL 33177

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME Treasurer  
STREET ADDRESS Lourdes G. Bellido  
CITY-ST-ZIP 7205 Miami Lakes Dr #B7  
MIAMI LAKES FL 33014

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME Secretary  
STREET ADDRESS Sandra Castellano  
CITY-ST-ZIP 40 E 54 ST.  
Hialeah FL 33013

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Lourdes G. Bellido 5/1/97 - (305)-8243506