

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

FILED  
Apr 27 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 # P95000024086 (7)

1. Corporation Name

NUTRITION & WELLNESS CONSULTANTS, INC.

Principal Place of Business

Mailing Address

9877 ANES BLVD  
PEMBROKE PINES FL 30243  
US

PO BOX 126852  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

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 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 9877 Pines Blvd.

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Pembroke Pines

27 City & State

24 Zip 33043 25 Country US

29 Zip 30 Country

9. Name and Address of Current Registered Agent

BELLIDO, LOURDES G  
7502 MIAMI LAKES DRIVE  
#B7  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name Lourdes G. Bellido

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

7205 Miami Lakes Drive #B7

83

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 Vice P. T. S.

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PEREZ, LEYANEE,  
STREET ADDRESS 14728 BALGOWAN RD  
CITY-ST-ZIP MIAMI LAKES FL  
☒ DELETE

TITLE Y  
NAME BELLIDO, LOURDES G  
STREET ADDRESS 7205 MIAMI LAKES DR., #B7  
CITY-ST-ZIP MIAMI LAKES FL  
☐ DELETE

TITLE VP  
NAME HERNANDEZ, MARIA, E, ENA  
STREET ADDRESS 14451 SW 161 ST  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE S  
NAME CASTELLANO, SANDRA  
STREET ADDRESS 40 E 54 STREET  
CITY-ST-ZIP HIALEAH FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President  
12 NAME Maria Elena Hernandez  
13 STREET ADDRESS 14451 SW 161st Miami, FL.  
14 CITY-ST-ZIP  
☒ Change ☐ Addition

21 TITLE Lourdes G. Bellido  
22 NAME Vice President - Treasurer - Secretary.  
23 STREET ADDRESS 7205 Miami Lakes Drive #B7.  
24 CITY-ST-ZIP Miami Lakes FL.  
☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☐ Addition

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 in any attachment with an address.

SIGNATURE Lourdes G. Bellido Vice president T-S.  
4-13-98 (305) 6994276

CR2E034 (10/97)