

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90033 007 ***150.00

DOCUMENT # P95000024086

1. Corporation Name

NUTRITION & WELLNESS CONSULTANTS, INC.

Principal Place of Business

9877 PINES BLVD
PEMBROKE PINES FL 30243
US

Mailing Address

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 14451 SW 161ST

Suite, Apt. #, etc.

22 City & State
Miami FL

23 Zip 33177 Country Miami-Dade

2a. Mailing Address

26 PO BOX 126852

Suite, Apt. #, etc.

27 City & State
Hialeah

28 Zip 33012 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Lourdes G Bellido

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

8736 NW 146 Lane

83

84 City

Miami

FL

85 Zip Code

33018

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 P
NAME HERNANDEZ, MARIA ELENA
STREET ADDRESS 14451 SW 161ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VPTS
NAME BELLIDO, LOURDES G
STREET ADDRESS 7205 MIAMI LAKES DR STE 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: LOURDES G BELLIDO 4-15-99 305-6994276

CR2E034 (11/98)