

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0021628

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG 20 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000029167 (0)

1. Corporation Name
NUTRALL, INC.

Principal Place of Business
801 W. 49TH STREET, #224
HIALEAH FL 33012

Mailing Address
801 W. 49TH STREET, #224
HIALEAH FL 33012

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, EDUARDO
801 W. 49TH STREET, #224
HIALEAH FL 33012

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

65-0577503

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

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

TITLE D ☐ DELETE
NAME RODRIGUEZ, EDUARDO
STREET ADDRESS 801 W. 49TH STREET, #224
CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ DELETE
NAME BALLESTROS, EUGENIO A
STREET ADDRESS 7431 S.W. 88TH PLACE
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☐ DELETE
NAME BALLESTROS, MARIA E
STREET ADDRESS 7431 S.W. 88TH PLACE
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☐ DELETE
NAME RODRIGUEZ, MARIA F
STREET ADDRESS 5785 DEVONSHIRE BLVD.
CITY-ST-ZIP MIAMI FL

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 100002621411-3
1.4 CITY-ST-ZIP -08/20/98--01084--022

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS ***158.75
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: Maria E. Ballestros

07/24/98

CR2E034 (5/98)

ADOLFO A. FERNANDEZ CAROL, M.D., P.A.

Diplomate American Boards of
Internal Medicine And Gastroenterology

Mercy Outpatient Center, Suite 5001
3659 South Miami Avenue, Miami, Florida 33133

Telephone: (305) 856-3690

July 14. 1998

RE: Eduardo Rodriguez

To whom it may concern:

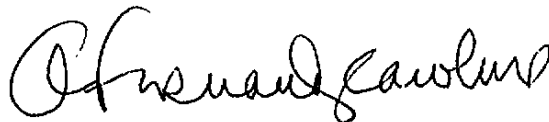
This is to certify that the above captioned patient is under my medical care for the treatment of acute diverticulitis of colon, small bowel obstruction, adhesions, peritoneal abscess, left inguinal hernia, pneumonia left lobe.

This patient has been totally disabled since 4/15/98. He was admitted at Mercy hospital in several opportunities from 4/15/98 to 4/29/98, from 5/25/98 to 5/27/98, and from 6/29/98 to 7/6/98.

Mr. Rodriguez is convalescent from surgery. He should not return to his normal activities until further notice.

If you need additional information, please call.

Sincerely yours,



Adolfo A. Fernandez-Carol, M.D., P.A.
AFC/oc

2