

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081264 (0)

1. Corporation Name

MACKEY HEALTH INSTITUTE, INC.

Principal Place of Business

6851 YUMURI STREET STE 5
CORAL GABLES FL 33146

Mailing Address

6851 YUMURI STREET STE 5
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1995

4. FEI Number

59-3311353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 6800 SW 45 LN. #

Suite, Apt. #, etc.

22 Suite #1

City & State

23 Miami, FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 6800 SW 45 LN

Suite, Apt. #, etc.

27 Suite #1

City & State

28 Miami, FL

Zip

29 33155

Country

30 USA

9. Name and Address of Current Registered Agent

MACKEY, BONNIE
6851 YUMURI STREET STE 5
CORAL GABLES FL 33146

not
new
agent
but new
address

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85

Zip Code

86

State

87

City

88

Zip Code

89

State

90

City

91

Zip Code

92

State

93

City

94

Zip Code

95

State

96

City

97

Zip Code

98

State

99

City

100

Zip Code

101

State

102

City

103

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 Bonnie Mackey, President (location changed, corporation registered agent same) 01/16/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE ☒ Change ☐ Addition

1.2 NAME Egol, Nancy

1.3 STREET ADDRESS 6800 SW 45 Lane #1

1.4 CITY-ST-ZIP Miami, FL 33155 (Secretary)

2.1 TITLE ☐ DELETE ☒ Change ☐ Addition

2.2 NAME Chen, Regina

2.3 STREET ADDRESS 6800 SW 45 Lane #1

2.4 CITY-ST-ZIP Miami, FL 33155 (Vice President)

3.1 TITLE ☐ DELETE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE ☐ 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: Bonnie Mackey, President 01/16/98 (305) 667-2241

CR2E034 (10/97)