

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000094507 (7)**

1. Corporation Name

STRESS BUSTERS MASSAGE THERAPY, INC.



Principal Place of Business

**102 NE 94TH STREET
MIAMI SHORES FL 33138**

Mailing Address

**102 NE 94TH STREET
MIAMI SHORES FL 33138**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

3061 S.W. 12 ST.

27

MIAMI, FLA. 33133

28

City & State

29

Zip

Country

30

PADE

3. Date Incorporated or Qualified

12/13/1995

3a. Date of Last Report

4. FEI Number

65-0652951

☒ 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

9. Name and Address of Current Registered Agent

**SALAZAR, GERMAN A ESQ
15350 NW 79TH CT.
MIAMI LAKES FL 33016**

10. Name and Address of New Registered Agent

81

ELADIO LEON (ELADIO LEON)

82

Street Address (P.O. Box Numbers Not Acceptable)

83

3061 SW 12th Street

84

MIAMI

FL

85

Zip Code

33135

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 signing officer or director

Signature typed or printed name of signing officer or director

7-25-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
SAIZ, MARC
102 NE 94TH STREET
MIAMI SHORES FL 33138**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-STATE-ZIP

☐ Change ☐ Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-STATE-ZIP

☐ Change ☐ Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-STATE-ZIP

☐ Change ☐ Addition

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-STATE-ZIP

☐ Change ☐ Addition

**500001908575
-07/30/96--01122--038
***25.00**

**200001908572
-07/30/96--01122--037
***200.00**

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 if changed, or on an attachment with an address.

SIGNATURE: **Marc Saiz** **MARC SAIZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 **(305) 751-5522**
Date Daytime Phone #
CS 7/30/96

CR2E034 (12/95)