

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

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Mar 03 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 # P95000094802
1. Corporation Name
Figura Y Salud, Inc.



Principal Place of Business Mailing Address
1890 SW 57th Avenue
Suite 107
Miami, FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1890 SW 57 Ave.		26 same		650647875		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22 107		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
23 Miami, Florida		28					
Zip		Country					
24 33155		25 USA					
		29		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jose M. Acebal
9619 Fountainbleau Blvd.
#309
Miami, FL 33172

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	President
NAME	Jose M. Acebal	1.2 NAME	Ana Rodriguez
STREET ADDRESS	9619 Fountainbleau Blvd.	1.3 STREET ADDRESS	1890 SW 57th Ave. Ste. 107
CITY-ST-ZIP	#309, Miami, FL 33172	1.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	DELETED	2.1 TITLE	Secretary
NAME		2.2 NAME	Flora M. Morales
STREET ADDRESS		2.3 STREET ADDRESS	6919 Fountainbleau Blvd. #309
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	DELETED	3.1 TITLE	Treasurer
NAME		3.2 NAME	Carmen Manjarres
STREET ADDRESS		3.3 STREET ADDRESS	10260 SW 27th Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	DELETED	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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

CR2E034 (10/97)