

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000094802

1. Corporation Name
FIGURA Y SALUD INC.

Principal Place of Business
1890 S.W. 57TH AVE
#107
MIAMI FL 33155

Mailing Address
1890 S.W. 57TH AVE
#107
MIAMI FL 33155

2. Principal Place of Business
21 1890 SW 57 Ave.
Suite, Apt. #, etc.
22 107- C

2a. Mailing Address
26 1890 SW 57 Ave.
Suite, Apt. #, etc.
27 107- C

City & State
23 MIAMI, FL
Zip
24 33155

City & State
28 MIAMI, FL
Zip
29 33155

Country
25

Country
30

9. Name and Address of Current Registered Agent

ACEBAL, JOSE M
9619 FOUNTAINBLEAU BLVD., #309
MIAMI FL 33172

REINSTATEMENT 99
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1995

4. FEI Number
65-0647875

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. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name ENRIQUE, JUAN CARLOS

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

83 1890 SW 57 Ave. Suite 107-C

84 City MIAMI FL 85 Zip Code 33155

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
NAME RODRIGUEZ, ANA
STREET ADDRESS 1890 SW 57TH AVE., SUITE 107
CITY-ST-ZIP MIAMI FL 33155

TITLE
NAME S MORALES, FLORA M
STREET ADDRESS 6919 FOUNTAINBLEU BLVD., #309
CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME T MANJARRES, CARMEN
STREET ADDRESS 10260 SW 27TH STREET
CITY-ST-ZIP MIAMI FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, V, S, T
1.2 NAME ENRIQUE, JUAN CARLOS
1.3 STREET ADDRESS 1890 SW 57 Ave. Suite 107-C
1.4 CITY-ST-ZIP MIAMI, FL, 33155

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

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

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

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

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E034 (5/99)