CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 23 AM 10:38

1. Corporation Name

FIGURA Y SALUD

DOCUMENT #
P95000094802

Mailing Address

1890 SW 57th AVE
107- C
MIAMI, FL 33155

Principal Place of Business

1890 SW 57th AVE
107-C
MIAMI, FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21

2a. Principal Place of Business
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

3. Date Incorporated or Qualified
12/14/1995

3a. Date of Last Report

4. FEI Number
65-0647875

Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Must Be Typed or Printed

6. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JUAN CARLOS ENRIQUE
1890 SW 57th AVE
SUITE 107-C
MIAMI, FL 33155

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 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PVST	1.1 TITLE	PVST
1.2 NAME	ENRIQUE, JUAN CARLOS	1.2 NAME	MARIMON, CARMEN
1.3 STREET ADDRESS	1890 SW 57 AVE SUITE 107-C	1.3 STREET ADDRESS	1890 SW 57 AVE SUITE 107-C
1.4 CITY-ST-ZIP	MIAMI, FL 33155	1.4 CITY-ST-ZIP	MIAMI, FL 33155
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, 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

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FLORIDA DEPT. OF CORPORATION

RE: DOCUMENT # P 95000094

ON MAY THE 2ND I SENT MY ANNUAL REPORTS WITH MY CHECK. TODAY I RECEIVED A NOTICE THAT MY CORPORATION WAS FAILED 2000 ANNUAL REPORT, I CALLED TALLAHASSEEE AND RECEIVED INSTRUCTION TO SEND A NEW CHECK IAM CHEKING WITH THE BANK IF THE CHECK WAS CHANGED THAT TOOK TWO WEEKS IN MEANTIME IA M SENDING A NEW CHECK THE CORRECT THE SITUATION.

PLEASE UPDATE MY CORPORATION

THANK YOU,