

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

Principal Place of Business

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1995

3a. Date of Last Report

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

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0647875

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 (Nonprofit Exempt from \$138.75 Supplemental Fee)

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

10. Name and Address of New Registered Agent

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

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 607.1503 or Sections 617.0502 and 617.1503, 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 607.0503 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PVST
ENRIQUE, JUAN CARLOS
1890 SW 57 AVE SUITE 107-C
MIAMI, FL 33155

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PVST
MARIMON, CARMEN
1890 SW 57 AVE SUITE 107-C
MIAMI, FL 33155

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
200003457952--2
-11/09/2000--01011-007

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
****150.00 ****150.00

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 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

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

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

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 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. 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 TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Continuation

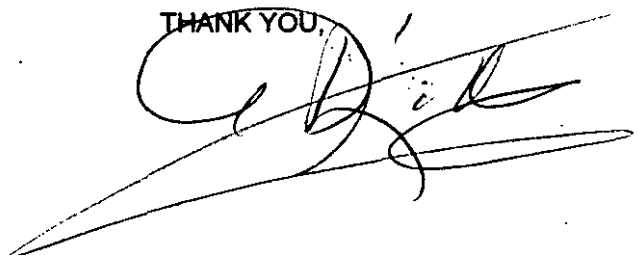
FLORIDA DEPT. OF CORPORATION

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 TALLAHASSEE AND RECEIVED INSTRUCTION TO SEND A NEW CHECK I AM 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,

A large, stylized handwritten signature in black ink, written over the "THANK YOU," text. The signature is cursive and appears to be a first name followed by a last name, though the specific letters are difficult to decipher due to the style.