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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006513 (1)

NATURAL HEALING MASSAGE, INC.

Mailing Address

Principal Place of Business

APPROVED FILED

98 JUN -5 PM 12: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Prepriet Prace of Huseries 2. Addition Act # 18 2. Addition	MIAME FL 3313	905	O NORTH MIAMI AVENUE APT. WF 905 MIAMI FL 33136		DO NOT WRITE IN TH 3. Date Incorporated or Qualified 01/22/1996	IIS SPACE	
South, And P. etc. 22 APP # 905 25 Additional Properties 23 MIRM Properties Properties 24 Share Properties 25 April Properties 26 Additional 27 April Properties 28 April Properties 29 April Properties 20 April Properties 21 April 22 April Properties 23 April 24 April 25 April 26 April 27 April 28 April 29 April 20 April 20 April 20 April 20 April 20 April 20 April 21 April 22 April 23 April 24 April 25 April 26 April 27 April 28 April 29 April 20 April 21 April 22 April 23 April 24 April 25 April 26 April 27 April 28 April 29 April 20 April 21 April 22 April 23 April 24 April 25 April 26 April 27 April 28 April 29 April 29 April 20 April 21 April 22 April 23 April 24 April 25 April 26 April 27 April 28 April 29 April 20 April 20 April 20 April 20 April 20 April 20 April 21 April 22 April 23 April 24 April 25 April 26 April 26 April 27 April 28 April 29 April 29 April 20 April 20 April 20 April 20 April 20 April 21 April 22 April 23 April 24 April 25 April 26 April 26 April 27 April 28 April 29 April 20 April 21 April 22 April 23 April 24 April 25 April 26 April 27 April 28 April 29 April 20 April 20 April 20 April 20 April 20 Apri			/\. \tilde{\chi} \	10.00	4. FEI Number		
Per Required Per Per Required Per Required Per Required Per Required Per Per Required Per Require		<u> </u>	· · · · · · · · · · · · · · · · · · ·	MIHMU HUL	65-0645638		
28 M MYM Added to Fees A	22 APT	# 905.	27 APT#	905.	5. Certificate of Status Desired	Fee Required	
A			10.00	El.	,		
24 33 36		• • • • • • • • • • • • • • • • • • •		Country			
Name and Address of Current Registered Apart 10, Name and Address of New Registered Agent	— <u> </u>	12/ 1 11C	1 1 22 Ma/. 1	·¬ //\	· · · · · · · · · · · · · · · · · · ·		
NESA, MARLEN 85 INORTH MIAMI AVENUE APT. 907 MIAMI FL 33136 84 City FL 95 Zip Code 11. Pursuant to the provisions of Sections G07.0502 and 607.1508, Florida Statules, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Fronties Statules, agent Lam familiar with, and accept the displayment of Sections G07.0502 and 607.1508, Florida Statules, the above-named corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Fronties Statules SIGNATURE SIGNATURE SYMBOLIC protein productions of Name and the daily and accept the city for daily and accept the displayment of Name and Agent symbolic representations of Name and Accept the daily and accept t		the state of the s					
SEC NORTH MIAMI AVENUE APT. 607 SOS STOCK Address (P.O. Box Number is Not Acceptable)	041 Num						
APT. 607 MIAMI FL 33136 83 84 City					and (C.O. Pau Number in hist Assessable)		
MIAMI FL 33136 11. PITEULANT TO the purvisions of Sections 607,00.02 and 607,150.04, Florida Statutes, because deep composition submits this statement for the purvoise of changing its registered agent. or both, in the State of Floods, Such change was authorized by the corporation's board of directors. Thereby accept the orbitation of the purvisions of, Section 607,00.05, Florida Statutes SIGNATURE Signature function of the purvisions of Sections 607,00.00, Florida Statutes SIGNATURE Signature function of the purvisions of Sections 607,00.00, Florida Statutes TILE PD. GETICE ISS AND DIRECTORS DELETE 11 TILE Change Addition of the purvision of the	APT AN7				ess (F.O. Box Number is Not Acceptable)		
11	3-	T.F.		83		-	
11.	,,,,,,			94 City		as Zin Codo	
agent Lam femiliar with, and accept the obligations of Section GC2 0055, Florida Statutes SIGNATURE 12.	ı			GRY CRY	F	L 65 Zip Code	
Signature Provide Provided P	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.						
TITLE	SIGNATURE Signature, typed or pended name of registered agent and title diapple, abre (NOII: Registered Agent signature required when reinstaling) DATE						
NAME STREET ADDRESS 12 NAME 13 STREET ADDRESS 14 CHTY-ST-7IP 14 CHTY-ST-7IP 14 CHTY-ST-7IP 14 CHTY-ST-7IP 14 CHTY-ST-7IP 15 Change Addition 15 Change 15 Chang	12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
MIAM! FL 33136	TITLE	PD	☐ DELCTE	1.1 TITLE			
MIAM! FL 33136	NAME	Mesa, Marlen		1.2 NAME	8000003225	7518 - 6	
TITLE	STREET ADDRESS	850 N. MIAMI AVE. #607		1.3 STREET ADDRESS			
NAME	CITY-ST-ZIP	MIAMI FL 33136		1.4 CITY - ST - 7IP	****150.00	****150.00	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE		☐ DELETE	2.1 TITLE		Change Addition	
CITY-ST-ZIP	NAME			2.2 NAME			
TITLE	STREET ADDRESS			2.3 STREET ADDRESS			
NAME	City-St-ZiP			2. 4 CITY - ST - ZIP			
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-S1-ZIP	TIBLE		☐ DELETE	3.1 TITLE		Change Addition	
CITY-ST-ZIP	NAME			3 2 NAME			
TITLE	STREET ADDRESS			3.3 STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 STREET ADDRESS CHAPS STREET ADDRESS CHAP							
STREET ADDRESS	-		L DETERE			Change Addition [
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS Addition							
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME	STREET ADDRESS						
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME			DUCT			Change T Addition	
STREET ADDRESS	· ·		L) Milli			Change Audition	
CITY-ST-ZIP							
TITLE DELETE 61 TITLE NAME 62 NAME G2 NAME	l i						
NAME 6.2 NAME			DELLE		\n	Change Addition	
			C) becel	1	<i>∥∖</i> ∩ ເ	Cuarda (1 Noting))	
	l l				27,10	\ r	
	STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied will in this filling closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		cells that the inforce tion of walls	Min tiling done and qualify for		Section 139.07(2Vi) Florida Statutos 1 fucha-	contifu that the information	

ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in by cent with an address. officer or director of the corporat Block 12 or Block 13 if changed