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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018820 (6)

1. Corporation Name
PERFECT HEALTH INC.



Principal Place of Business
11880 SW 40 STREET #316
MIAMI FL 33175

Mailing Address
11880 SW 40 STREET #316
MIAMI FL 33175-3574

3. Date Incorporated or Qualified
02/29/1996

3a. Date of Last Report

2. Principal Place of Business

21. 11880 SW 40 ST

2a. Mailing Address

26. 11880 SW 40 ST

Suite, Apt #, etc.

Suite, Apt #, etc.

22. #401

27. #401

City & State

City & State

23. MIAMI FL

28. MIAMI FL

Zip

Country

Zip

Country

24. 33175

25.

29. 33175

30.

5. Certificate of Status Desired ☐

Applied For
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution ☐

\$8.75 Additional
Fee Required

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

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE PAZ, VENTURA
11880 SW 40 STREET #316
MIAMI FL 33175

61. Name: TOMAS GONZALEZ

62. Street Address (P.O. Box Number is Not Acceptable)
11880 SW 40 ST #401

63. MIAMI FL

64. City FL 65. Zip Code 33175

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: *Tomas Gonzalez*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GONZALEZ, TOMAS
STREET ADDRESS 11880 SW 40 STREET #316
CITY-ST-ZIP MIAMI FL 33175

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11880 SW 40 ST #401
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME DE PAZ, VENTURA
STREET ADDRESS 11880 SW 40 STREET #316
CITY-ST-ZIP MIAMI FL 33175

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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: *Tomas Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/97 305-265-7955

CR2E034 (9/96)