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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90029 020 ***150.00

DOCUMENT #	P96000023446
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1. Corporation Name

MONTY'S HEALTH CARE CORP.

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Principal Place	of Business	Ma	iling Address	•	· =:							
6595 N.W. 36 S			35 N.W. 36 STREET #224	,								
Virginia Garden Virginia Garden Miami Fl 33166 Miami Fl 33166				DO NOT WRITE IN THIS SPACE								
MIAMI IL SSIG		Wil	AMITIC 33100				3. Date Incorpo	prated or Qualifed	-			1
							03/15/19					
2. Principal Pi	lace of Business	2a.	Mailing Address				4. FEI Number			ΑD	plied For	1
	330 0, 333,11000	26					65-06497				t Applicable	1
Suite, Apt.	# etc	20	Suite, Apt. #, etc.							\$8.75		1
22	,	27					5. Certifcate of	Status Desired		Fee Re		
City & State	e	T-:-	City & State				6 Election Can	npaign Financing		\$5.00	May Re	1
23		28	•				Trust Fund (Added t		
Zip	Country	1	Zip	Cou	ntry		8. This corpora	tion owes the current ye	ear Intar	ngible		1
24	25	29	[:	30			Personal Pro	•		∐Yes	□No	
	9. Name and Address of Current	Regis					10. Name and	Address of New Regist	ered A	gent]
					81	Name //	ONEIT !	MOJENA				
	gon, Ileana				82	C+ A	7/00CL	har is Not Assentable)				-
1051	SOUTHEAST 8 AVENUE				82	Street Add	Sel Num	ber is Not Acceptable)			<u></u>	
HIAL	EAH FL 33010				83	,,,,						1
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					84	City	ACEAH	33055	FL	85 Zip (3 OJ U	1
11. Pursuant i	to the provisions of Sections 607.0502	and 60	07-1508; Fiorida Statute	s: the a	bove	-named com	noration submits this	statement for the purpo	se of c	hanging its	registered	1.45
office or re	egistered agent, or both, in the State o	f Florid	a. Such change was au	thorized	l by l	the corporati	on's board of directo	ors. I hereby accept the	appoint	ment as re	gistered	
-	m familiar with and accept the obligati	ons or,	Section 607.0505, Flori	ua Statt	ues.			<i>i</i>				
SIGNATURE	Signature, typed of printed name of registerer agent	and title 1	spolicable (NOTE:	Registered	Agent	signature require	ed when reinstating)	DA	TE			_
12.	OFFICERS AN			13.				HANGES TO OFFICE	RS AND	DIRECTO	RS IN 12	۱ã
TITLE	P		X) DELETE	1.1 11	TLE	7	D)	L HOJEN. JW 53AVE AH- 3305	<u> </u>	Change	☐ Addition] -
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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, by on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #