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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046718 (8)

Country

PRESTIGE HEALTH CENTER, INC.

Principal Place of Business 1822 PONCE DE LEON BLVD. CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

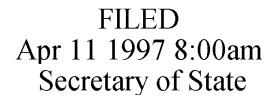
Suite, Apt. #, etc

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28

1822 PONCE DE LEON BLVD. CORAL GABLES FL 33134-4419





8. This corporation has liability for intangible tax under s. 199.032,

Andre Onibert 4/5/97 (305) 447-8102

3a. Date of Last Report

Applied For

\$8.75 Additional

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/03/1996

4. FELNumber

24		25		29		30					Statutes			J No			⅃
		g. Name and	Address of Curren				10. Name	and Addres	s of New I	Registered A	gent						
HUYSMAN, MICHEL									n e								Į
1822 PONCE DE LEON BLVD.							B2	Stro	at Addre	ess (P.O. Box	Number in	Not Accom	ablo)				-
CORAL GABLES FL 33134							102	Sue	et Mount	888 (F.O. DUX	Number 18	NOT MCCBD	iaule)				1
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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 Stignature, typed or printed name of registered agent and (tile if applicable. (NDTE: Registered Agent signature required when reinstating) DATE DATE															- (
		Signature, typed or pr	OFFICERS AND		e. (NOTE		ed Age	nt signa	ture require		···	FO TO OF	DATE	OIDCO	7000	111.10	-1:
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14	l, I do heret	by certify that the	information supplied its annual report or s	with this filing	does not qualif	y for the	exer	mptio	betata n	in Section 11	19.07(3Xi), F	lorida State	ites. I further	certify	that ti	10	7
	i am an o	flicer or director.	is annual report or s of the corporation or ock 13 if ch anged; or	the receiver or	trustee empow	ered to	exec:	ute th	no that is report	my signature Las required	by Chapter	ne same le 607, Florida	gai ellect as a Statutes; ar	ii made id that i	my na	er oath; tha ime	"

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