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Mar 24 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 # P96000049368 (9)

1. Corporation Name
NATURAL HEALTH CENTER, INC.



Principal Place of Business
1900 W. 44TH PL.
HIALEAH FL 33012

Mailing Address
1900 W. 44TH PL.
HIALEAH FL 33012-7410

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
21. Sub. Apt. #, etc.	26. Suite Apt #, etc.	4. FEI Number 65-0670679		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
NURQUEZ, LAURA
10355 NW 133RD ST.
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

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 agent 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: _____ (607.1508 Registered Agent signature required when resigning) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	DPS	NURQUEZ, LAURA	10355 NW 133RD ST.												

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP

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 included 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:

Laura Nurquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 (305) 558-5494
DATE DISTRICT SIGNATURE

CR2E034 (9/96)