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

DOCUMENT # P 96000082621 JOK

HEALTH

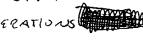
CARE STRUCES OPERATIONS Commence SVC.

26

27

28

29



Country

30

Principal Place of Business

2. Principal Place of Business

Suite Apt #, etc

SIGNATURE:

City & State

Mailing Address

2a. Mailing Address

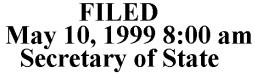
City & State

Suite, Apt. #, etc.

8567 CORAL WAY #322 MIAMI, FL 33155

Country

25



05-10-1999 90278 045 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualifed

65-0698150

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

4. FEI Number

9. Name and Address of Current Registered Agent CONSULW CHAMPION 8567 CORAL WAY # 322 MAMI, FL 33155 Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the results of the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the results of the provisions of Sections 607 0502 and 607.1508.		Name Street Addre	10. Name and Address of New Rec	gistered Agent	
8567 CORAL WAY # 322 MAMI, FL 33155	82 S				
		otteet voore			
	83		ss (P.O. Box Number is Not Acceptable	a)	
	1 1				
Pursuant to the provisions of Sections 607 0502 and 607,1508. Florida Statutes, the	211	`			
Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the r	84 C	City		F1 85 Zip C	00e
office or registered agent, or both, in the State of Florida. Such change was authorize agent i am familiar with, and accept the obligations of, Section 607.0505, Florida Sta	ed by the	amed corpo e corporation	ration submits this statement for the pun's board of directors. I hereby accept to	rpose of changing its ne appointment as rec	listered Ledistered
ATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			·		
Signature, typed or printed name of regislared agent and title if applicable. (NOTE: Registere OFFICERS AND DIRECTORS 13.		gnature required		DATE	
() DELETE	TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
Consular (1/Ampion)	NAME		•	Crange	
- ADDRESS 8567 GRAL WAY # 322	STREET ADO	nneess .			
M/α in M/α	CITY-ST-ZIP	-			
	TITLE			Change	Adamor
271	NAME				
* ACORESS 233	STREET ADO	DORESS			
2.4	CITY- ST- ZI	ZIP			
	TITLE			☐ Change	Acciuor
321	NAME				
14DDRESS 333	STREET ADO	DORESS			
34.	CITY - ST - ZI	ZIP			
☐ DELETE 411	TITLE			Change	- Appartion
4 2	NAME				
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ST-2IP 4,41	CITY-ST-ZI	ZIP			
DELETE 51	TITLE			☐ Change	Addition
52	NAME	1			
11 400FESS ₁ 53	STREET AD	DORESS			
	CITY-ST-ZI	ZIP			
	TITLE				Addition
62	NAME				
ET ADDRESS)	STREET AD	DORESS			
<u>\$1.00</u> 6.4	CITY - ST - ZI	ZIP			

NING OFFICER OR DIRECTOR