

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 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 # P96000098271 (5)

1. Corporation Name
THE WELLNESS CENTER, INC.

Principal Place of Business

15911 SW 143RD AVE.
MIAMI FL 33177

Mailing Address

15911 SW 143RD AVE.
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

4. FEI Number

Not Applicable

2. Principal Place of Business

21 717 Ponce de Leon Blvd

Suite, Apt. #, etc.

22 307

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 717 Ponce de Leon Blvd

Suite, Apt. #, etc.

27 307

City & State

28 Coral Gables, FL 33134

Zip

29 33134

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VALENCIA, HARRY
15911 SW 143RD AVE.
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name

Harry Valencia

82 Street Address (P.O. Box Number is Not Acceptable)

717 Ponce de Leon Blvd

83 Suite

307

84 City

Coral Gables, FL

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VALENCIA, HARRY
STREET ADDRESS 15911 SW 143RD AVE.
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ DELETE

NAME VALENCIA, CAROLINA
STREET ADDRESS 15911 SW 143RD AVE.
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Harry Valencia
1.3 STREET ADDRESS 717 Ponce de Leon Blvd # 307
1.4 CITY-ST-ZIP Coral Gables FL 33134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Carolina Valencia
2.3 STREET ADDRESS 717 Ponce de Leon Blvd # 307
2.4 CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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

Harry Valencia

7/1/97

7/1/97

CR2E034 (4/97)