

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**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90043 042 \*\*\*150.00

**DOCUMENT # P96000098271**

1. Corporation Name  
**THE WELLNESS CENTER, INC.**



Principal Place of Business

15861 S.W. 143 AVENUE  
MIAMI FL 33177  
US

Mailing Address

15861 S.W. 143 AVENUE  
MIAMI FL 33177  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

65-0773722

Applied For

Not Applicable

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 the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10157 SW 159 Place

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida 33196

Zip

24 33196

Cour try

25 USA

2a. Mailing Address

26 10157 SW 159 Place

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida 33196

Zip

29 33196

Country

30 USA

9. Name and Address of Current Registered Agent

VALENCIA, HARRY  
15861 S.W. 143 AVENUE  
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)

10157 SW 159 Place

83

84 City

Miami

FL

85 Zip Code

33196

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

4/6/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME VALENCIA, HARRY  
STREET ADDRESS 15861 S.W. 143 AVENUE  
CITY-ST-ZIP MIAMI FL 33177

TITLE D ☐ DELETE  
NAME VALENCIA, CAROLINA  
STREET ADDRESS 15861 S.W. 143 AVENUE  
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 President/Secretary ☒ Change ☐ Addition  
1.2 NAME Harry Valencia  
1.3 STREET ADDRESS 10157 SW 159 Place  
1.4 CITY-ST-ZIP Miami, Florida 33196

2.1 TITLE Vice President/Treasurer ☒ Change ☐ Addition  
2.2 NAME Carolina Valencia  
2.3 STREET ADDRESS 10157 SW 159 Place  
2.4 CITY-ST-ZIP Miami, Florida 33196

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)