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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # DOCOOL

FILED May 07 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address				
Principal Place of Bosiness 12000 Biscayne Blyd., Suite 220 C/O Michael Feldenkrais North Miami Fl 33181	12000 BISCAYNE BLVD., S C/O MICHAEL FELDENKR/ NORTH MIAM! FL 33181-27	ais			
		•	3. Date incorporated or Qualified 12/20/1996	3a. Date of Last Report	
2. Principal Place of Business	2a, Mailing Address	0 +0 1	4. FEI Number	Applied For	
1) 65 SW Port St. Lucic	26 2(05 SW) Suite, Apt. #, etc.	Port St. Lucie		Not Applicable S8.75 Additional	
2 113	27 113		6. Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
3 Port St. Lucie Zip Country	28 Port St. 1	Country	Trust Fund Contribution	Added to Fees	
71034984 Country 25 Florida	34984	30 Florida	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
9. Name and Address of Curren		100 101 1000	10. Name and Address of New Re		
FELDENKRAIS, MICHAEL		81 Name			
12000 BISCAYNE BLVD., SUITE 220		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
NORTH MIAMI FL 33181		83			
		83			
		B4 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.050	2 and 607,1508. Florida Statu	tes, the above-named corr	poration submits this statement for the p	urpose of changing its registered	
 Pursuant to the provisions of Sec ans 607.0500 office or registered agent, or troll, in the State agent. I am lamilify with and accept the obligation. 	of Florida, Such change was	authorized by the corpora	tion's board of directors. I hereby accep	t the appointment as registered	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	anons or, deciron boy,0005, 17	orda ordinios.			
SIGNATURE Single and present the of of registered age	nt and titin if applicable (NO)	TE: Registered Agent signature requi		DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
President	DELETE	1.1 THILE	ice President	ERS AND DIRECTORS IN 12 Change Addition	
NAME Alfredo Domado	_	1.2 NAME			
	" Cla 113	1.2 IMANE	laria V. Kincon 65 SW Port St. Luc	ie. Ste-113	
STREFT ADDRESS 265 SW Port St. Luci	ie, Ste-113		lana V. Rincon 65 SW Port St. Luc bet St. Lucie, Fi	ie, Ste-113 24984	
city-si-zip Port St-Lucie, Fl	ie, Ste · 113 - 34984	1.4 CITY-ST-ZIP	65 50 Port St. Luc brt St-Lucie, FL	34984	
CITY-SI-71P Port St-Lucie, Fl	ie, Ste-113	1.4 CITY-ST-ZIP 2.1 TITLE	65 SW Port St. Luc brt St-Lucie, FL	ie., Ste-113 34984 	
STREET ADDRESS 265 SW PORT ST-LUCI CHY-ST-71P PORT ST-LUCIE, FL HILE NAME	ie, Ste · 113 - 34984	1.4 CITY-ST-ZIP C 2.1 TITLE 22 NAME	65 SW Port St. Luc brt St-Lucie, FL	34984	
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SIGNATURE: MATURE AND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO