FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1990	5/10/01/01/01						
	MENT # P9700 HEALTY, INC.	0005474 (6)						
Principal Plac	ce of Business	Mailing Address				-{	(6) // 6/6/ 186/	
7740 SW 104	I ST	7740 SW 104 ST						
SUITE 201 SUITE 201 MIAMI FL 33156 MIAMI FL 33156						DO NOT WRITE IN THIS SPACE		
Minyakii 1 E 22	100	MIAMI IE 00100	7 00100			3. Date Incorporated or Qualified		
						01/14/1997		
2. Principal F	Place of Business	2a. Mailing Address				1 / /N 1131 (11/12)	Applied For Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	lo.			- \$8.7°	5 Additional		
27							Required	
City & Stat	te	City & State				Election Campaign Financing S.00 May Be That Sind Continuing Additional Sind Continuing S.00 May Be		
Zip	Country	28	Count	trv		Trust Fund Contribution Adde 8. This corporation owes or has paid the current year	d to Fees	
24	25	-	30			Personal Property Tax due June 30. Yes	No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
COHEN, ENRIQUE M				II N	lame			
8911-B SW 20TH PL FT LAUDERDALE FL 33324			8	2 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		
rı	LAUDERDALE FL 33324		8	13				
				4 C	ity	195 7	ip Code	
					•	FL []		
office or r agent. I a SIGNATURE				_		oration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment	as registered	
12.	Signature, typicd or printed name of registered ac OFFICERS AN	Print and tirle if applicable: (NOTE) ND DIRECTORS	Registered A	∖gent s	gnature require	d when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS A	ORS IN 12	
TITLE	D	DELETE	1.1 TITLE	 E		☐ Chang		
NAME	COHEN, ENRIQUE M		1.2 NAM	E			[:	
STREET ADDRESS	8911-B SW 20TH PL		1.3 STRE				ļ	
CITY-ST-ZIP TITLE	FT LAUDERDALE FL 33324	DELETE	2,1 TITLE		P	Change	e Addition	
NAME		L. OLLCIL	22 NAM				o <u>La</u> ridoritati	
STREET ADDRESS			2.3 STRE	ET ADD	RESS	· .	l	
CITY-ST-ZIP			2, 4 CITY		P			
TITLE		DELETE	3.1 TITLE			L_J Changi	e 🔲 Addition	
NAME STREET ADDRESS			3.2 NAM 3.3 STRE	-	RESS			
CITY-ST-ZIP			3.4. CITY					
TITLE		DELETE	4.1 TITLE		7	☐ Change	e Addition	
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE		1			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change	e Addition	
NAME			5.2 NAMI		1			
STREET ADDRESS			5.3 STRE	ET ADD	RESS			
CITY-ST-ZIP			5.4 CITY		·			
TITLE		DELETE	6.1 TITLE		1	∟ Changi	e 🔲 Addition	
NAME STREET ADDRESS			6.2 NAMI 6.3 STRE		RESS			
STREET ADDRESS	.		0.3 STRE	טעא ויי			i	

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 accupite 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

6.68

FILED

Mar 26 1998 8:00am

Secretary of State

7069206