

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 100000031877	
1. Corporation Name MEDICAL DOCTOR FORMULA CORP	

Principal Place of Business 12501 Pine Needle Ln Miami FLA 33156	Mailing Address SAME.
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2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Miami FLA	28 City & State
24 Zip 33156	25 Country USA.
29	30

9. Name and Address of Current Registered Agent JUAN AMADOR. 12501 PINE NEEDLE LN. MIAMI FLA. 33156.	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUAN AMADOR. 12501 PINE NEEDLE LN MIAMI FLA. 33156.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	200002666122--1 -10/16/98--01112--010 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 appointed 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: **9-30-98**

FILED

98 OCT -9 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3/97	
4. FEI Number 59-3439578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	Zip Code

CR2E034 (5/98)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 22, 1998

MEDICAL DOCTOR FORMULA CORP.
% JUAN AMADOR
12501 PINE NEEDLE LANE
MIAMI, FL 33156

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SUBJECT: MEDICAL DOCTOR FORMULA CORP.
Ref. Number: P97000031877

Pursuant to your recent request, enclosed is a blank 1998 profit corporation annual report. This office has not been notified to date of an address change for the above corporation, therefore the first and second notice annual reports were sent to the address that was provided in the articles of incorporation and both were returned by the Post Office as undeliverable. Please be advised for future references, it is the corporations responsibility to file the annual reports on a timely basis. The annual report is due every year by May 1 and if it is not received by the corporation before the due date, it is up to the corporation to call our office to request the necessary form.

The fee to file the enclosed annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE ADMINSTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Leslie Sellers
Document Specialist

Letter Number: 898A00047864