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

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Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036511 (8)

1. Corporation Name
M. G PAIN CENTER, INC

Principal Place of Business
5040 N.W. 7st #630
MIAMI, FL 33126

Mailing Address
4831 nw 99 ct
MIAMI, FL 33178

Amendment

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4-23-97

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc (22)

Suite, Apt. #, etc (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number
65-0715722
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Rene NAVARRO
250 Catalonia Ave # 505
CORAL GABLES, FL

10. Name and Address of New Registered Agent

81 Name: CARLOS CABALLERO
82 Street Address (P.O. Box Number is Not Acceptable): 4831 NW 99 ct
83
84 City: MIAMI **FL** 85 Zip Code: 33178

11. Pursuant to the provisions of Sections 607.0505 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, type or print name of registered agent and, if an officer, title or capacity CARLOS CABALLERO (NOTE: Registered Agent signature required when not stating) DATE: 6-26-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P.D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EDUARDO GARCIA		1.2 NAME		
STREET ADDRESS	163 N.W. 85 ct		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		1.4 CITY-ST-ZIP		
TITLE	T.D.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LILIANA GARBER		2.2 NAME		
STREET ADDRESS	3883 N.E. 169 st		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	S.D.	☐ Change ☒ Addition
NAME			3.2 NAME	CARLOS CABALLERO	
STREET ADDRESS			3.3 STREET ADDRESS	4831 N.W. 99 ct	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***61.75

7-8

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 attached sheet, with an address.

SIGNATURE: SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR 6-26-98 Date 305-VVV-0424 Daytime Phone #

CR2E034 (10/97)