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FILED
May 11 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 # P97000052180 (1)
1. Corporation Name

BETTER LIFE REHABILITATION INSTITUTE, INC.

Principal Place of Business

1313 SW 1 STREET
MIAMI FL 33135

Mailing Address

1313 SW 1 STREET
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

65-0760228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 1313 SW 1 Street

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Miami, Florida

Zip

24 33135

Country

25 Miami, Fla

9. Name and Address of Current Registered Agent

~~TORRES, ALEX~~
~~1313 SW 1 STREET~~
~~MIAMI FL 33135~~

2a. Mailing Address

26 1313 SW 1 Street

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Miami, Florida

Zip

29 33135

Country

30 Miami, Fla

10. Name and Address of New Registered Agent

81 Name

Francisco M. Dumenigo

82 Street Address (P.O. Box Number is Not Acceptable)

1313 SW 1 Street, Suite 101

83

84 City Miami

FL

85 Zip Code

33135

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

12. OFFICERS AND DIRECTORS

TITLE ~~DPT~~ ☒ DELETE

NAME ~~TORRES, ALEX~~

STREET ADDRESS ~~1313 SW 1 STREET~~

CITY-ST-ZIP ~~MIAMI FL 33135~~

TITLE ☐ DELETE

NAME DUMENIGO, FEDERICO A

STREET ADDRESS 1313 SW 1 STREET

CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ DELETE

NAME DUMENIGO, FRANCISCO M

STREET ADDRESS 901 PONCE DE LEON BLVD 10TH FLOOR

CITY-ST-ZIP CORAL GABLES FL 33134

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DTP resident DUMENIGO, FEDERICO A.

2.3 STREET ADDRESS 1313 SW 1 Street

2.4 CITY-ST-ZIP Miami, Fla. 33135

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE:

Francisco M. Dumenigo 4/20/98
Francisco M. Dumenigo (305) 631-1332

CR2E034 (10/97)