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PROFIT CORPORATION ~ ANNUAL REPORT

1999



DOCUMENT # P9700052180

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90006 027 ***150.00

	n Name			00							
<u>BETTER LIFE REHABILITATION INSTITUTE, IN</u> C.											
letraned Rehab of Manie, Inc.											
Principal Place				Address				i 10013001 iin intel inne dans na	iiai us iir u u		1914) 9911 1694
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STE 101 STE 101						ì	DO NOT WITH	TC (A) T1			
MIAMI FL 33135 MIAMI FL 33135							DO NOT WRITE IN THIS SPACE				
US						3	3. Date Incorporated or Qualifed				
2. Principal Phase of Dunings								06/12/1997 4. FEI Number		1 7 4 2	plied For
2. Principal Place of Business			— —	2a. Mailing Address			1			<u> </u>	t Applicable
21 Suite Apt # etc				26 Suite And # oto				65-0760228		\$8.75 A	
Suite, Apt. #, etc.			27					5. Certifcate of Status Desired		Fee Re	quired
City & State City & State								6. Election Campaign Financing		\$5.00	
23	· :	<u> </u>	28					Trust Fund Contribution		Added t	o Fees
Zip.	,	Country	Zip	_	Country	<i>'</i>	(3. This corporation owes the curr	ent year		□No
24	<u>.</u>	25	29		30		بِلــــــــــــــــــــــــــــــــــــ	Personal Property Tax.		Mary Yes	140
	9. Name	and Address of Cur	rent Registered	Agent	81	Name	1	0. Name and Address of New I	Register	eu Agent	
DUM	IENICO ED	MICIOCO M			"	Name					
DUNENIGO, FRANCISCO M.					82	82 Street Address (P.O. Box Number is Not Acceptable)					
1313 SW 1ST ST					-						
STE 101					83	1					
MIAMI FL 33135					84	City		85 Zip Code			Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute							FL				
11. Pursuant	to the provis	ions of Sections 607.0	0502 and 607.15 ate of Florida. Su	508, Florida Statute: uch change was aut	s, the abov thorized by	e-named the corpo	corporati oration's	ion submits this statement for the board of directors. I hereby acce	purpose pt the ap	pointment as re	gistered
agent. I a	m familiar w	ith, and accept the obl	igations of, Sect	tion 607.0505, Flori	da Statutes	3.					
SIGNATURE									DATE		
	Signature, typed	or printed name of registered	agent and title if applic	cable. (NOTE: F	Registered Age	nt signature r	required whe	n reinstating)		•	
12.	•		AND DIDEOTO					ADDITIONS/CHANGES TO DE		AND DIRECTO	RS IN 12
l		OFFICERS	AND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OF			RS IN 12
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NAME	DUMENK	60, FEDERICO A.	AND DIRECTO	RS	13. 1.1 TITLE 1.2 NAME			ADDITIONS/CHANGES TO OF			
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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, with all other like empowered.

SIGNATURE: