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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of Stale DIVISION OF CORPORATIONS

DOCUMENT # P9700086503 (4)

CORAL CREEK NUTRITION CENTER, INC.

## **FILED** Jun 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Address			1 10011051 Mg delit (601) 60111 60111 60111 61111 61111 61111 61111 61111 61111
5707 N UNIVERSITY OR		5707 N UNIVERSITY OR				
TAMARAC FL 33321		TAMARAC FL 33321				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/01/1997
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21	acc of Basic 1030	26				4. FEI Number -0 785962 Applied For Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			\$8,75 Additional
22	., 0.0	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	•		Personal Property Tax due June 30. Yes No
	9, Name and Address of Curre		\ <del></del>		-	10. Name and Address of New Registered Agent
ROI	DRIGUEZ, MIGUEL J			81	Name	
	1 SOUTH UNIVERSITY DRIVE,	SUITE 2000	-	22	Chrost	Address (D.O. Boy Number is Not Assentable)
	ME FL 33328			82	Street	t Address (P.O. Box Number is Not Acceptable)
J	VIETE GOOLG	3000		83		
		•				
				84	City	FL 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						
I office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	authorized	Dν	the con	rporation's board of directors. I hereby accept the appointment as registered.
_	m lamiliar with, and accept the oblig	ations of, Section 607:0305, Fic	JIIGA SIAIL	JI CO	٠.	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and the if applicable (NO*	£ Registered	Ager	nt signature	re required when reinstaing) DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1111	11TTLE		Change Addition
NAME	YIBIRIN, BERNARDO		1.2 NAME			
STREET ADDRESS	5707 N UNIVERSITY DR		1.3 STREET		ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CIT	Y-S1	1 - 21P	
TITLE	D	DELETE		2 1 T TLE		☐ Change ☐ Addition
NAME	YIBIRIN, MARIA R		2.2 NAI	22 NAME		
STREET ADDRESS	5707 N UNIVERSITY DR		2351	REET.	ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		2 4 GF			_
TITLE		☐ DELE TE	3 1 T T			VP □ Change □ Addition
NAME		<del></del>	3 2 NAI			
STREET ADDRESS					ADDRESS	5307 MUNINERS ITY DRIVE
CITY-ST-ZIP			3.4. CF		1-7IP	SERGIO YIBIRIN 5707 N UNIVERSITY DRIVE TAMBARC, 7- 30384
TITLE		DELETE	4111			Change Addition
NAME			4 2 NA			
STREET ADDRESS		•	- 6		ADDRESS	
CITY-SY-ZIP			4.4 CIT			
TITLE		DELETE	5111		. ¢11	☐ Change ☐ Addition
NAME		<u> </u>	52 NA			
STREET ADDRESS					ADDRESS	
			5.4 CIT			
CITY-ST-ZIP TITLE		DELETE	6.1 T T		1-2IF	Change Addition
NAME			62 NA			
					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP			6 4 CIT	1 - 5	1 · 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:** 

SERGIO LIBIRIN