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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700086516 (6)

JACARANDA NUTRITION CENTER, INC.

Principal Place of Business 5707 N UNIVERSITY DR TAMARAC FL 33321

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SIGNATURE:

Mailing Address

5707 N UNIVERSITY DR TAMARAC FL 33321 FILED
Jun 04 1998 8:00am
Secretary of State



						3. Date Incorporated or Qualified			
						10/01/1997	<u> </u>		
2. Principal Place of Business Suite, Apt. #, etc.		-	28. Mailing Address 26 Suite, Apt #, etc. 27			4. FEI Number 59	5n	<u> </u>	Applied For
						078		60.7	Not Applicable
		<u>├</u> ¬				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing			00 May Be
3		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip		Country		8. This corporation owes or has p	paid the curr	ent year	Intangible
l .	25	29	30			Personal Property Tax due Jur	ne 30.	Yes	☐ No
	9. Name and Address of Co	urrent Registered Agent				10. Name and Address of New R	legistered A	lgent	
	DRIGUEZ, MIGUEL J	- 11		81	Name				
	1 SOUTH UNIVERSITY DR,	SUITE 8020 - #30	00	82	Street Addr	ress (P.O. Box Number is Not Accepta	able)		
DA\	ME FL 33328	7	_						
				83					
				84	City			85 2	ip Code
							<u> </u>	.1	
office or re	egistered agent, or both, in the S	State of Florida, Such chang	e was authori	ized by t	he corporat	poration submits this statement for the tion's board of directors. I hereby accurately	ept the appo	onangii ontment	as registered
agent. I ai	m familiar with, and accept the o	obligations of, Section 607.0	505, Florida S	Statutes					
GNATURE	Signature, typed or printed name of registers		(NV)TI E			rea when reinstaling)	DATE		
2.	·	S AND DIRECTORS		3.	signature requir	ADDITIONS/CHANGES TO OFF		DIRECT	OBS IN 12
						7.55.11.67.67.67.17.11.62.67.15	102.107.10		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR