

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000088728 (5)

1. Corporation Name  
JUST FOR HEALTH CORP.

Principal Place of Business  
1063 SW 122 AVE  
PEMBROKE PINES FL 33025

Mailing Address  
1063 SW 122 AVE  
PEMBROKE PINES FL 33025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1997	
21	1218 Salzedo St	26	1218 Salzedo St	4. FEI Number Applied For	
22	Suite, Apt. #, etc. #12	27	Suite, Apt. #, etc. #12	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State Coral Gables	28	City & State Coral Gables	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 33134	29	Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAVIOSA, DANIEL J 1063 SW 122 AVE PEMBROKE PINES FL 33025		10. Name and Address of New Registered Agent	
81	Name LAVIOSA, DANIEL J	82	Street Address (P.O. Box Number Is Not Acceptable) 1218 Salzedo St, #12
83		84	City Coral Gables
85	Zip Code 33134	FL	

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  Daniel J. Laviosa DATE 2/18/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	LAVIOSA, DANIEL J	1.2 NAME	Laviosa, Daniel J.
STREET ADDRESS	1063 SW 122 AVE	1.3 STREET ADDRESS	1218 Salzedo St, #12
CITY-ST-ZIP	PEMBROKE PINES FL 33025	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LAVIOSA, IGNACIO J	2.2 NAME	
STREET ADDRESS	1063 SW 122 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplementary 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 proprietor 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:  Daniel J. Laviosa Director DATE 2/18/98 (305) 443-4171

CR2E034 (10/97)