

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90015 024 ***158.75

DOCUMENT # **P97000108482**

1. Corporation Name

M M J H OCCUPATIONAL MED CORP.

Principal Place of Business

**450 S W 8TH STREET
SUITE 218
MIAMI FL 33130
US**

Mailing Address

**450 S W 8TH STREET
SUITE 218
MIAMI FL 33130
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

65-0824414

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 450 SW 8TH ST.

Suite, Apt. #, etc.

22 MIAMI, FL 33130

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 450 SW 8TH ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33130

Country

30

9. Name and Address of Current Registered Agent

**MELENZ, MARIA JOSE
450 S W 8TH STREET
SUITE 218
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

MELENZ, MARIA JOSE

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

450 SW 8TH STREET

83

84 City

MIAMI

FL

85 Zip Code

33130

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 **P** ☐ DELETE
NAME **MELENZ, MARIA JOSE**
STREET ADDRESS **450 S W 8TH STREET**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

P97000108482
588296-90015-24

July 7 / 1999

To: Florida Department of State
From: Maria Jose Mendez

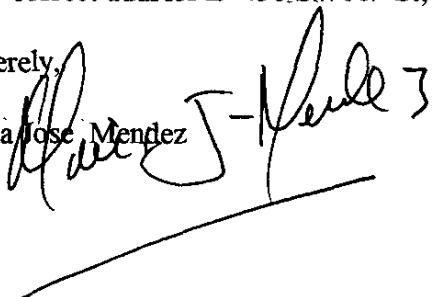
I am sending Check No. 3092 for \$158.75 as pay for Profit Corporation Annual Report 1999.

Annual report was sent to a wrong address (450 SW 8th St Suite 218, Miami, FL 33130) and we did not receive it.

The correct address is 450 SW 8th St, Miami FL 33130.

Sincerely,

Maria Jose Mendez

A handwritten signature in black ink, appearing to read 'Maria Jose Mendez', with a long horizontal line drawn underneath it.