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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000035005 1. Corporation Name

BONA HEALTH, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90041 038 ***150.00



Principal Place of Business Mailing Address				_ ''•				••••
5100 SW 115 AVE 5100 SW 115 AVE				ļ			•	
COOPER CITY FL 33330 COOPER CITY FL 33330					DO NOT V	VRITE IN THIS	CDACE	
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				04/15/	corporated or Quali	ieu		
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2. Principal Place of Business . 2a. Mailing Address			ABOVE		- 082	1529	⊢	
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24 00	9. Name and Address of Current Registered Agent	<u> </u>			nd Address of Ne	w Registered		
	5. Harrie and Hadress of Carrett (Carrett Carrett Carr	81	Name			<u> </u>		
BLE	us, emmanuel v			_			<u>,</u>	
	D SW 115 AVE	82	Street A	ddress (P.O. Box I	Number is Not Acco	eptable)		
COC	OPER CITY FL 33330	83			<u> </u>			
								
		84	City			FL	85 Zip C	Code
44 Diversion	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,	the above	a-named (orporation submits	this statement for	the numose of	changing its	registered
11. Pursuant	registered agent, or both, in the State of Florida. Such change was autho	orized by	*h	ration's board of di	rectors. I hereby ac	cept the appoi	ntment as reg	gistered
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office or r agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Florida	Statutes	uie corpo	-				
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palify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the receipt Block 12 or Block 13 if changed, or on an attention other like empowered

SIGNATURE: