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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000062380

1. Corporation Name

NALDA FAMILY WELLNESS CENTER INC.

Principal Place of Business

11300 N.W. 87TH CT
#141
HIALEAG GARDENS FL 33016

Mailing Address

11300 N.W. 87TH CT
#141
HIALEAG GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

605-0850812

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 HIALEAH

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 HIALEAH Gardens

24 Zip Country

25

27 City & State

28 Hialeah Gardens

29 Zip Country

30

9. Name and Address of Current Registered Agent

NALDA, TONY
993 WEST 39TH STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name Nalda, Anthony

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

83 993 W 39 PL

84 City Hialeah

FL 85 Zip Code 33012

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 D ☐ DELETE

NAME NALDA, TONY
STREET ADDRESS 993 WEST 39TH ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ DELETE

NAME NALDA, ALEX
STREET ADDRESS 13255 S.W. 46TH TERRACE
CITY-ST-ZIP MIAMI FL 33175

TITLE D ☐ DELETE

NAME NALDA, MARTY
STREET ADDRESS 993 WEST 39TH ST.
CITY-ST-ZIP HIALEAH FL 33012

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 President ☒ Change ☐ Addition

1.2 NAME Nalda, Anthony
1.3 STREET ADDRESS 993 W 39 PL
1.4 CITY-ST-ZIP Hialeah, FL 33012

2.1 TITLE Vice-President ☒ Change ☐ Addition

2.2 NAME Nalda, Alejandro
2.3 STREET ADDRESS 13255 SW 46 TERR
2.4 CITY-ST-ZIP MIAMI FL 33175

3.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition

3.2 NAME Nalda, Martiery
3.3 STREET ADDRESS 993 W 39 PL
3.4 CITY-ST-ZIP Hialeah FL 33012

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nalda - president 1/6/99 305 512-9886

Date

Daytime Phone #

CR2E034 (11/98)