

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90003 007 \*\*\*150.00

DOCUMENT # P98000065000

1. Corporation Name

INSTITUTE THE WORLD OF NATURAL HEALTH CORP.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/98

2. Principal Place of Business:

2a. Mailing Address

21 8370 W. FLAGLER ST

26 8370 W. FLAGLER ST

4. FEI Number

65-0870751

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 210-B

27 210-B

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

Zip Country

24 33144 25 U.S.A.

29 33144 30 U.S.A.

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

LUIS BONDY

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

10365 W. SAMPLE RD.

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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

LUIS BONDY

7/31/99

Date

(305) 553 6111

Date/Time Phone #

CR2E034 (11/98)