Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90038 047 \*\*\*150.00

## 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

## DOCUMENT # P98000088210

1. Corporation Name

GOOD HEALTH ON THE BEACH, INC.

Principal Place of Business	Mailing Address							
1131 71ST STREET	1131 71ST STREET						•	
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141					DO NOT WRITE	E IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
•					10/15/1998			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	26				650869726		No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.						\$8.75 A	Additional
22	27		_===		5. Certifcate of Status Desired		Fee Re	quired
City & State	City & State				6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution		Added t	o Fees
Zip Country	Zip	Coun	try		8. This corporation owes the curre	nt year Inta		_ [
24 25	29	30			Personal Property Tax.			□No
9. Name and Address of Current I	Registered Agent		~		10. Name and Address of New Re	gistered	Agent	
55014N057 0004D I		Į	31 Na	ame	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FERNANDEZ, OSCAR L	•	-	82 Street Addre		ess (P.O. Box Number is Not Acceptab	ole)	<del></del>	
1131 71ST STREET						_		
MIAMI BEACH FL 33141			33					}
		ŀ	84 Ci				85 Zip (	Code
			1	•		<u> </u>		
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	Florida, Such change was at	utnonzea	DV INE	corporation	n's board of directors. I hereby accept	the appoir	tment as re	gistered
SIGNATURE				TTT	, ,	DATE		
Signature, typed or printed name of registered agent a			gent sign	ature required	when reinstating)	DATE ICERS AN	D DIRECTO	RS IN 12
Signature, typed or printed name of registered agent a  12. OFFICERS AND	DIRECTORS	13.		ature required	when reinstating)  ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
Signature, typed or printed name of registered agent a  12. OFFICERS AND  TITLE PSTD		13.	E	ature required				
12. OFFICERS AND  TITLE PSTD  NAME FERNANDEZ, OSCAR L	DIRECTORS	13. 1.1 TITI 1.2 NA	E AE					
12. OFFICERS AND  TITLE PSTD  NAME FERNANDEZ, OSCAR L  STREET ADDRESS 1131 71ST STREET	DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STF	E ME EET AOD					
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP