

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S82671 (6)
1. Corporation Name
CENTER FOR THERAPEUTIC BODYWORK, INC.



Principal Place of Business

9350 SUNSET DRIVE
SUITE 115
MIAMI FL 33173
US

Mailing Address

9350 SUNSET DRIVE
STE 115
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1991

4. FEI Number

65-0288856

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 7800 SW 57 Ave

Suite, Apt. #, etc.

22 Ste 209

City & State

23 MIAMI, FL

Zip

24 33143

Country

25 MIAMI, FL

2a. Mailing Address

26 P.O. Box 161889

Suite, Apt. #, etc.

27 MIAMI

City & State

28 MIAMI, FL

Zip

29 33116-1889

Country

30 MIAMI, FL

9. Name and Address of Current Registered Agent

BLAIRE & COLE PA
2801 PONCE DE LEON BLVD
SUITE 550
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

☐ DELETE

TITLE P
NAME ROMERO, RENEE
STREET ADDRESS 10045 SW 111TH ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VP
NAME ROMERO, PEDRO
STREET ADDRESS 10045 SW 111TH ST
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE P
1.2 NAME RENEE ROMERO
1.3 STREET ADDRESS 14630 SW 41 ST
1.4 CITY-ST-ZIP MIAMI, FL 33027

☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME PEDRO ROMERO
2.3 STREET ADDRESS 14630 SW 41 ST
2.4 CITY-ST-ZIP MIAMI, FL 33027

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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

RENEE ROMERO
4/10/98 (305) 215-1400

CR2E034 (10/97)