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Apr 27 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 # **L01752** **(9)**

1. Corporation Name
PROSALUD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8622 CORAL SPRINGS FL 33075	P.O. BOX 8622 CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1989

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 65-0132328 ☐ 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

9. Name and Address of Current Registered Agent

NEIRA, GABRIEL RICARDO
8333 W MCNAB RD, STE. 116
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: NEIRA RICARDO
82 Street Address (P.O. Box Number is Not Acceptable): 12420 SW. 1 STRD.
83
84 City: Coral Springs FL 85 Zip Code: 33071

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: D. DATE: 04/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	H- DIRECTOR	☐ Change ☐ Addition
NAME	NEIRA, CLAUDIA		1.2 NAME	NEIRA RICARDO	
STREET ADDRESS	8333 W MCNAB, STE. 116		1.3 STREET ADDRESS	12420 SW 1 STK.	
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP	coral Springs. Fl 33071	
TITLE	D	☐ DELETE	2.1 TITLE	VP- Vice- Sub Director	☐ Change ☐ Addition
NAME	✓ NEIRA, GABRIEL RICARDO		2.2 NAME	NEIRA GABRIEL	
STREET ADDRESS	12420 SW 1 ST ROAD		2.3 STREET ADDRESS	8333 W McNab rd. Ste 116	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Tamarac, Fl 33321	
TITLE	VP	☐ DELETE	3.1 TITLE	TESOR	☐ Change ☐ Addition
NAME	NEIRA, CLAUDIA MARIA		3.2 NAME	NEIRA Claudia	
STREET ADDRESS	12420 SW 1 ST		3.3 STREET ADDRESS	12420 SW 1 STRD	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	coral Springs, Fl 33071	
TITLE	S	☐ DELETE	4.1 TITLE	S	☐ Change ☐ Addition
NAME	✓ NEIRA RICARDO A		4.2 NAME	NEIRA CLAUDIA MARIA	
STREET ADDRESS	8333 W MCNAB ROAD SUITE 116		4.3 STREET ADDRESS	12420 SW 1 STRD	
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP	coral Springs, Fl 33071	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: 04/20/98 (954) 7207064
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #