FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -9 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L27410 (4)

1. Corporation Name
GLOWHEALTH CORPORATION

Principal Place of Business	Mailing Address
C/O ILYA V. BAILEY 2127 AMISH COURT MORROW GA 30260	C/O ILYA V. BAILEY 2127 AMISH COURT MORROW GA 30260

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/31/1989
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 89 E. MAIN STREET
City & State: 23 HAMPTON, GEORGIA
Zip: 24 30228-2116 Country: 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 89 E. MAIN STREET
City & State: 28 HAMPTON, GA
Zip: 29 30228-2116 Country: 30

4. FEI Number: 58-1863896 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GUSTAFSON, ALBERT E.
11507 SOUTHWEST 172 TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: ANA L. CARRILLO
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2190 S.W. 16 ST
84 City: MIAMI FL 85 Zip Code: 33145

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: Ana L. Carrillo — 2-6-95
Signature of, or typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	BAILEY, ILYA V.	1.2 NAME	BAILEY, ILYA V.
STREET ADDRESS	2127 AMISH CT.	1.3 STREET ADDRESS	89 E. MAIN STREET
CITY-ST-ZIP	MORROW GA 30260	1.4 CITY-ST-ZIP	HAMPTON, GEORGIA 30228-2116
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: Ilya V. Bailey Director — 2-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #: (404 946-9841)

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