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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L91349

1. Corporation Name
OLYTON HEALTH SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4975 E 4TH AVE, HIALEAH FL 33013, US. Mailing Address: 4975 E 4TH AVE, HIALEAH FL 33013, US. 2. Principal Place of Business, 2a. Mailing Address, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30. 3. Date Incorporated or Qualified: 08/07/1990. 4. FEI Number: 65-0209088. 5. Certificate of Status Desired: [checked] \$8.75 Additional Fee Required. 6. Election Campaign Financing Trust Fund Contribution: [unchecked] \$5.00 May Be Added to Fees. 8. This corporation owes the current year Intangible Personal Property Tax: [checked] Yes [unchecked] No.

9. Name and Address of Current Registered Agent: RAVENTOS, ANTONIO, 4975 E 4TH AVE, HIALEAH FL 33013. 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code. City: FL, 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS: PT RAVENTOS, ANTONIO, 6905 WILLOW LANE, MIAMI LAKES FL 33014; VS RAVENTOS, GEORGINA, 6905 WILLOW LANE, MIAMI LAKES FL 33014. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 2.1 TITLE Secretary, 2.2 NAME Delgado, Arelia, 2.3 STREET ADDRESS 582 E. 15 St., 2.4 CITY-ST-ZIP Hialeah, FL. 33013.

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 REQUIRED 1/18/99 305-681-8933

CR2E034 (11/98)