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 # P92000014812

1. Corporation Name

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90014 019 ***150.00

NEW BETTER LIVING CLINIC, Principal Place of Business	Mailing Address						
14238 NW 7TH AVENUE MIAMI FL 33168	14238 NW 7TH AVENUE MIAMI FL 33168						
MIAMI FE 33100				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed			
		-,		12/21/1992 4. FEI Number			applied For
2. Principal Place of Business	2a. Mailing Address					<u> </u>	lot Applicable
21	26 Suite Ant # etc			65-0394872			Additional
Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Required
City & State	27 City & State			6. Election Campaign Financing	<u></u>	\$5.00	May Be
23	28			Trust Fund Contribution			to Fees
Zip Country	Zip	Cou	ntry	8. This corporation owes the current	t year Inta	ngible	
24 25	29	30		Personal Property Tax.		Yes	□No
9. Name and Address of 0				10. Name and Address of New Reg	istered A	gent	
			81 Name				
Pierre, gide 14238 NW 7TH Avenue			82 Street A	ddress (P.O. Box Number is Not Acceptable	e)		
MIAMI FL 33168		ļ	83	\$			
			84 City	N. A. S.	FL	85 Zig	Code
office or registered agent, or both, in the	e State of Florida. Such change was cobligations of Section 607.0505. F	tutes, the at authorized Florida Statu	by the corporates.	ation's board of directors. I hereby accept t	he appoin	tment as	registered
SIGNATURE Signature, typed or printed name of registr	tered agent and title if applicable. (NO	OTE: Registered		orporation submits this statement for the puation's board of directors. I hereby accept to uired when reinstating)	DATE		
SIGNATURE Signature, typed or printed name of registren 12. OFFICE	tered agent and title if applicable. (NO	OTE: Registered	Agent signature req		DATE	D DIRECT	ORS IN 12
SIGNATURE Signature, typed or printed name of registrends of the signature. TITLE P	tered agent and title if applicable. (NO	DTE: Registered 13.	Agent signature req	juired when reinstating)	DATE		ORS IN 12
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME PIERRE, GIDE	rered agent and title if applicable. (NO. RS AND DIRECTORS	13. 1.1 TII	Agent signature req	juired when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME PIERRE, GIDE STREET ADDRESS 14238 N.W. 7TH AVENUE	rered agent and title if applicable. (NO. RS AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	Agent signature req	juired when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE Signature, typed or printed name of regist 12. OFFICE	ered agent and title if applicable. (NO RS AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	Agent signature req ILE ME REET ADDRESS IY-ST-ZIP	juired when reinstating)	DATE	D DIRECT	FORS IN 12
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME PIERRE, GIDE STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE	rered agent and title if applicable. (NO. RS AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CR 2.1 TII	Agent signature required to the signature re	juired when reinstating)	DATE	D DIRECT	FORS IN 12
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME PIERRE, GIDE STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME NAME	ered agent and title if applicable. (NO RS AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII	Agent signature required to the signature re	juired when reinstating)	DATE	D DIRECT	FORS IN 12
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME PIERRE, GIDE STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS	ered agent and title if applicable. (NO RS AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CP 2.1 TII 2.2 NA 2.3 ST	Agent signature required in the signature re	juired when reinstating)	DATE	D DIRECT	FORS IN 12
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME PIERRE, GIDE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ered agent and title if applicable. (NO RS AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CP 2.1 TII 2.2 NA 2.3 ST 2.4 CI	Agent signature required to the signature re	juired when reinstating)	DATE	D DIRECT	ORS IN 12 Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME PIERRE, GIDE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	RS AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CP 2.1 TII 2.2 NA 2.3 ST	Agent signature required in the signature re	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME SIGNATURE Signature, typed or printed name of regist P P PIERRE, GIDE 14238 N.W. 7TH AVENUE MIAMI FL TITLE NAME NAME NAME	RS AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA	Agent signature required in the signature re	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	RS AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST	Agent signature required in the signature re	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME SIGNATURE Signature, typed or printed name of regist P P PIERRE, GIDE 14238 N.W. 7TH AVENUE MIAMI FL TITLE NAME NAME NAME	RS AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST	Agent signature required. TLE ME REET ADDRESS TY-ST-ZIP	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE P NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI	Agent signature required. TLE ME REET ADDRESS IY-ST-ZIP TLE	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	ERS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 N	Agent signature required. TLE ME REET ADDRESS IY-ST-ZIP TLE	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ERS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST	Agent signature required. TLE ME REET ADDRESS TY-ST-ZIP TLE AME	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ERS AND DIRECTORS DELETE DELETE DELETE	22 NA 2.3 ST 2. 4 CI 3.1 TII 4.2 NA 4.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 4.5 NA	Agent signature required. TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERS AND DIRECTORS DELETE DELETE DELETE DELETE	22 NA 2.3 ST 2.4 CCC 3.1 TTC 2.2 NA 2.3 ST 2.4 CCC 3.1 TTC 3.2 NA 3.3 ST 3.4 CCC 4.1 TTC 4.2 NA 4.3 ST 4.4 CCC 5.1 TTC 5.2 NA	Agent signature required. TLE ME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	ERS AND DIRECTORS DELETE DELETE DELETE DELETE	22 NA 2.3 ST 2.4 CI 3.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 4.2 NA 4.3 ST 4.4 CI 4.5 NA 4.5 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	Agent signature required. TLE ME REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP REET ADDRESS REET ADDRESS	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ered agent and title if applicable. (NC) RS AND DIRECTORS DELETE DELETE DELETE DELETE	21 TII 22 NA 23 ST 2. 4 CI 3.1 TII 4.2 NA 2.3 ST 2. 4 CI 3.1 TII 4.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	Agent signature required. TLE ME REET ADDRESS TY-ST-ZIP	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ERS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII	Agent signature required. TLE ME REET ADDRESS IY-ST-ZIP TLE ME	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE Signature, typed or printed name of regist 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ered agent and title if applicable. (NC) RS AND DIRECTORS DELETE DELETE DELETE DELETE	21 TIII 1.2 NA 1.3 ST 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA	Agent signature required. TLE ME REET ADDRESS IY-ST-ZIP TLE ME	juired when reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition Addition

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: