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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000024865 (5)

| FIGHT FOR LIFE, INC. Principal Place of Business 9722 HAMMOCK BLVD 9203 MAIMI FL 33196 MAIMI FL 33196 | | | | | |
|--|--|--|--|--|--|
| S | | | 3. Date Incorporated or Qualified 03/28/1994 | 3a. Date of Last R 05/01/1996 | leport |
| Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | | oplied For |
| <u></u> | 26 | | 65-0485109 | | ot Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | 7 | Additional equired |
| City & State | City & State | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 6. Election Campaign Financing | | May Be |
| l | 28 | | Trust Fund Contribution | | to Fees |
| - Ζφ Country | Žip | Country | 8. This corporation has liability for | | , 199.032, |
| 9, Name and Address of Curr | 29 29 Agent | [30] | Florida Statutes 10. Name and Address of New Re | | |
| GARCIA, IRIS C | The state of the s | 81 Name | 10. 140110 0110 11000 01 11011 110 | ·giotolog rigoli. | |
| 6850 W. 14TH COURT, #7A | | | | | |
| HIALEAH FL 33014 | | 82 Street Ad | dress (P.O. Box Number is Not Acceptal | ble) | |
| | | 83 | | | |
| | | 84 City | | - 85 Zip | Code |
| | | City | | FL S Zip | Code |
| 1. Pursuant to the provisions of Sections 607.0 | 0502 and 607,1508, Florida Sta | tutes, the above-named co | orporation submits this statement for the presting a board of directors. I bereby acce | ourpose of changing it | ts registered |
| | | as authorized by the colbo | ration's board of directors, i hereby acce | ht the abbouttilieur as | i efizie.eu |
| Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. Lam familiar with, and people the obl. | ligations of, Section 607.0505. | Florida Statutes. | | 1.1 | |
| IGNATURE dus L'A | uew | DRIS C. GA | RCIA | 4/4/ | 97 |
| IGNATURE Superior typed or plated name or registered | agent and title if applicable (P | SRIS C. 6A NOTE: Registered Agent signature re- | RCIA quired when reinstating) | DATE 4/2/ | 97 |
| IGNATURE Super-type d or partied name of registered. 2. OFFICE RS A | agent and title if applicable (F | PRIS C. 6A NOTE Registered Agent signature rei | RCIA | DATE 4/1/5 | 97 RS IN 12 |
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Secretary of State

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