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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000024865 (5)

1. Corporation Name

FIGHT FOR LIFE, INC.



Principal Place of Business

9722 HAMMOCK BLVD  
#203  
MAIMI FL 33196  
US

Mailing Address

P.O. BOX 180069  
MAIMI FL 33116-0069

3. Date Incorporated or Qualified  
03/28/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number  
65-0485109

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

GARCIA, IRIS C  
6850 W. 14TH COURT, #7A  
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 *Tris C. Garcia*  
Signature typed or printed name of registered agent and title if applicable

IRIS C. GARCIA  
(NOTE: Registered Agent signature required when reinstating)

DATE 4/2/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARCIA, IRIS C  
STREET ADDRESS 6850 W. 14TH COURT, #7A  
CITY-ST-ZIP HIALEAH FL 33014 ☐ DELETE

TITLE VTD  
NAME GARCIA, MICHAEL  
STREET ADDRESS 6850 W. 14TH COURT, #7A  
CITY-ST-ZIP HIALEAH FL 33014 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.  
1.2 NAME IRIS C. GARCIA ☒ Change ☐ Addition  
1.3 STREET ADDRESS 9722 HAMMOCKS BLVD #203  
1.4 CITY-ST-ZIP MIAMI, FL 33196

2.1 TITLE  
2.2 NAME MICHAEL GARCIA ☒ Change ☐ Addition  
2.3 STREET ADDRESS 9722 HAMMOCKS BLVD #203  
2.4 CITY-ST-ZIP MIAMI, FL 33196

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: TRIS C. GARCIA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tris C. Garcia* 4/2/97 305  
Date Daytime Phone # 380-8157

0161614

CR2E034 (9/96)