Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

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 # P94000024865

1. Corporation Name

Suite, Apt. #, etc.

City & State

FIGHT FOR LIFE, INC.

Principal Place of Business
2510 N. 60TH AVENUE HOLLYWOOD FL 33021 US
2. Principal Place of Business

Mailing Address

P.O. BOX 160069 MAIMI FL 33116

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90128 030 ***163.75



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

03/28/1994

65-0485109

4. FEI Number

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 in 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, 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 TITLE PD GARCIA, IRIS C SIREET ADDRESS CITY-ST-ZIP MIAMI FL UTD DELETE 1.1 TITLE 1.4 CITY-ST-ZIP TITLE VTD GARCIA, MICHAEL STREET ADDRESS CITY-ST-ZIP MIAMI FL Change CHA	ORS IN 12
9. Name and Address of Current Registered Agent GARCIA, IRIS C 6850 W. 14TH COURT, #7A HIALEAH FL 33014 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 i 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent alignature required when reinstating] 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE GARCIA, IRIS C 9722 HAMMOCKS BLVD, #203 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.1 TITLE GARCIA, MICHAEL 9722 HAMMOCKS BLVD #203 2.3 STREET ADDRESS MIAMI FL 2.2 NAME 9722 HAMMOCKS BLVD #203 MIAMI FL 2.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP MIAMI FL 3. STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP MIAMI FL 4.2 CITY-ST-ZIP MIAMI FL 3.2 STREET ADDRESS MIAMI FL 4.2 CITY-ST-ZIP	Code Social s registered egistered
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STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
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 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 i

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.