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May 08 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 # P95000001448 (6)

1. Corporation Name
MED-LIFE, INC.



Principal Place of Business

7700 W 24 AVENUE
SUITE #8
HIALEAH FL 33016

Mailing Address

7700 W 24 AVENUE
SUITE #8
HIALEAH FL 33016-5659

3. Date Incorporated or Qualified
01/06/1995

3a. Date of Last Report
05/24/1996

2. Principal Place of Business

21 6043 N.W. 167 St.

2a. Mailing Address

26 6043 N.W. 167 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit 28-A

27 Unit 28-A

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33015

25 U.S.A.

29 33015

30 U.S.A.

4. FEI Number
65-0578671

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

10. Name and Address of New Registered Agent

ALAYON, GLORIA E
7700 W 24 AVENUE
SUITE #8
HIALEAH FL 33016

81 Name

Eduviges Hernandez

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

6043 N.W. 167 St.

83

Unit 28-A

84 City

Miami

FL

85 Zip Code

33015

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

Eduviges Hernandez

(NOTE: Registered Agent signature required when reinstating)

4/30/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME ALAYON, GLORIA E
STREET ADDRESS 7700 W 24 AVENUE, SUITE 8
CITY-ST-ZIP HIALEAH FL 33016

1.1 TITLE PVST
1.2 NAME Eduviges Hernandez
1.3 STREET ADDRESS 6043 N.W. 167 St. Unit 28-A
1.4 CITY-ST-ZIP Miami, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this 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 registered agent, and I am duly qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, or on an addition to Block 13.

SIGNATURE:

Eduviges Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

DATE

305 821-4484

Daytime Phone #

CR2E034 (9/96)