

PROFIT
CORPORATION
ANNUAL REPORT

1996-1997



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

FILED

97 JUN -2 AM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800002202858-5
-06/05/97-01059-008
***\$915.00 ***\$915.00

DOCUMENT # REINSTATEMENT

1. Corporation Name
LIFE ALL, INC.
5757 S.W. 8th St., Suite 111
Miami, Florida 33144

Principal Place of Business Mailing Address
5757 S.W. 8th St. SAME
Suite 111
Miami, Fl. 33144

3. Date Incorporated or Qualified 2/2/95 3a. Date of Last Report 1995 (INC.)

2. Principal Place of Business 2a. Mailing Address
21 5757 S.W. 8th St. 26 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 111 27
City & State City & State
23 Miami, Florida 28

24 33144 25 U.S.A. 29 Zip Country 30

4. FEI Number 65-0556500 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

MARIA I. SANTA CRUZ
5757 S.W. 8th St.
Suite 111
Miami, Florida 33144

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 607.0506, Florida Statutes.

SIGNATURE: *Maria Santa Cruz* DATE: 5-29-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Pres/Dir	<input type="checkbox"/> DELETE
NAME	MARIA I. SANTA CRUZ	
STREET ADDRESS	5757 S.W. 8th St., #111	
CITY-ST-ZIP	Miami, Florida 33144	
TITLE	V-Pres/Sec/Dir	<input type="checkbox"/> DELETE
NAME	MARGARITA L. GINORI	
STREET ADDRESS	5757 S.W. 8th St., #111	
CITY-ST-ZIP	Miami, Florida 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT 96-97
6-4-97

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Maria Santa Cruz* DATE: 5-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIA I. SANTA CRUZ, Pres.