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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000019401 (5)

1. Corporation Name

INTER-AMERICAN LIFE & HEALTH CONSULTANTS, INC.

Principal Place of Business

901 PONCE DE LEON BLVD., SUITE 504  
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD., SUITE 504  
CORAL GABLES FL 33134-3073

3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

06/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FROGET, GERALDINE  
901 PONCE DE LEON BLVD., SUITE 504  
CORAL GABLES FL 33134

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

*Geraldine Froget*

(Signature, typed or printed name of registered agent and, if applicable, if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/16/97

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

FROGET, GERALDINE

☐ DELETE

NAME

901 PONCE DE LEON BLVD., SUITE 504

STREET ADDRESS

CORAL GABLES FL

CITY - ST - ZIP

TITLE

VP

MELSKI, EUGENE R

☐ DELETE

NAME

901 PONCE DE LEON BLVD SUITE 504

STREET ADDRESS

CORAL GABLES FL

CITY - ST - ZIP

TITLE

ST

FERRAN, CRISTINA MARIA

☐ DELETE

NAME

901 PONCE DE LEON BLVD SUITE 504

STREET ADDRESS

CORAL GABLES FL

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

*Geraldine Froget*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/16/97 (305) 448-0743

DATE

Daytime Phone #

011 1030

CR2E034 (9/96)