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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600003464 (0)

BETTER LIFE INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1490 WEST 49TH PLACE STE 498 1490 WEST 49TH PLACE STE 498 HIALEAH FL 33012-3148 HIALEAH FL 33012 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-063221 Not Applicable 21 26 Suite Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zipi Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALLEJO, ELIECER 1490 WEST 49TH PLACE STE 498 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 City 84 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 Signature, typied or printing name of regeseral agest and firs it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)PTD DELETE 1.1 TITLE Change Addition TITLE VALLEJO, ELIECER 1.2 NAME CR2E034 NAME 1490 WEST 49TH PLACE STE 498 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 1.4 CITY-ST-ZIP CHY-ST-ZIP vsd DELETE Change Addition Th"LE 2.1 TITLE vallejo, maria 2.2 NAME NAME 1490 WEST 49TH PLACE STE 498 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 2 4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY 51-712 DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIE DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST ZIP DELETE Change Addition 6 1 TITLE TITLE 62 NAME NAME

> 63 STREET ADDRESS 64 City-St-Zip

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 it am an officer or director of the corporal on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

STREET ADDRESS

CITY - ST- ZIP

TOTE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed or on an attachment with an address.

1-21-97 (305) 640-9661

FILED

Jan 29 1997 8:00am

Secretary of State