

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**APPROVED
AND
FILED**

1997 NOV 25 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000008622 (8)

1. Corporation Name
HEALTH SUPPORT, INC.

Principal Place of Business

ONE GROVE ISLE DRIVE
SUITE A-1707
MIAMI FL 33133

Mailing Address

ONE GROVE ISLE DRIVE
SUITE A-1707
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1996
 3a. Date of Last Report: —
 4. FEI Number: 65-0638959
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: [] Yes [] No
 10. Name and Address of New Registered Agent

2. Principal Place of Business

21 1414 NW 107 ave

22 #205

23 Miami FL

24 33172 25 USA

2a. Mailing Address

26 1414 NW 107 ave

27 #205

28 Miami FL

29 33172 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name: M. Serrano
 82 Street Address (P.O. Box Number is Not Acceptable): 1414 NW 107 avenue
 83 Suite #205
 84 City: miami FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.002 and 607.0508, 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: *Marcelo Serrano*

(NOTE: Registered Agent signature required when not filing)

9-25-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	President.	<input type="checkbox"/> DELETE
NAME	SERRANO, MARCELO	
STREET ADDRESS	ONE GROVE ISLE DRIVE, SUITE A-1707	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	Serrano Alba.	<input type="checkbox"/> DELETE
NAME	17820 SW 200 st	
STREET ADDRESS	Miami FL 33178	
CITY-ST-ZIP	Vice President - Marketing	
TITLE	Hugo Hermosa	<input type="checkbox"/> DELETE
NAME	Casilla 8945	
STREET ADDRESS	Guayaquil Ecuador	
CITY-ST-ZIP	Vice president - international.	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

REINSTATEMENT

100002364551-7
 -12/05/97-01101-011
 ***750.00 ***750.00

Handwritten signatures and dates

14. I do hereby certify that the information submitted 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 officer 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: *Marcelo Serrano*

9-25-97 477-7822

CP2E034 (4/97)