

04/22/99 15:34 FAX 13056701077

XIOMARA LEE

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

05-10-1999 90274 038 ***150.00
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PROFIT CORPORATION ANNUAL REPORT 1999 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 21 PM 2:52

DOCUMENT #P96000008622

1. Corporation Name
HEALTH SUPPORT, INC

Principal Place of Business
**1414 N.W. 107TH AVE.
SUITE #205
Miami, FL. 33142.**

Mailing Address
**Xiomara Lee
9100 S. DADELAND BLVD
Suite 402
Miami, FL. 33156**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 City County	2a. Mailing Address: 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 City County	3. Date Incorporated or Qualified 07/09/96	4. FEI Number: 65-0638959 Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent MARCELO SERRANO 1414 N.W. 107TH AVE. Suite #205 Miami, FL. 33142		10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, in 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 607.0503, Florida Statutes.

SIGNATURE: *Marcelo Serrano* DATE: **4-21-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME	12b. TITLE	13a. NAME	13b. TITLE
MARCELO SERRANO	<input type="checkbox"/> OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ONE GROVE ISLE DRIVE, SUITE #205			
Miami, FL. 33133			
V. ALBA SERRANO	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1720 S.W. 200TH STREET			
Miami, FL. 33148			
V. HUGO HERMOSEA	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CASO 5945			
GUAYASQUIL, ECUADOR			
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), Florida Statutes. I further certify that the information included 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 changing or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcelo Serrano* DATE: **4-21-99** **305-6701069**