FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P96000028776 (8)

1. Corporation Name
HEALTH AND VITALITY EDUCATIONAL CENTER, INC.

Principal Place of Business
1540 N.W. 124TH STREET
NORTH MIAMI FL 33167

Mailing Address
1540 N.W. 124TH STREET
NORTH MIAMI FL 33167-2333

3. Date Incorporated or Qualified: 04/02/1996

3a. Date of Last Report

4. FEI Number: 65 066 5607 [ ] Applied For [ ] Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MCMAHON, DENISE
1540 N.W. 124TH STREET
NORTH MIAMI FL 33167

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 607.0505, Florida Statutes.

SIGNATURE

12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	MCMAHON, DENISE		1 2 NAME	
STREET ADDRESS	1540 N.W. 124TH ST.		1 3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33167		1 4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	2 TITLE	[ ] Change [ ] Addition
NAME	BLACK, ANDREA		2 2 NAME	
STREET ADDRESS	6341 N.W. 201 ST.		2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		2 4 CITY-ST-ZIP	
TITLE	STD	[ ] DELETE	3 TITLE	[ ] Change [ ] Addition
NAME	DUNN, DOROTHY		3 2 NAME	
STREET ADDRESS	1604 N.W. 27TH ST.		3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142		3 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Denise McMahon DENISE McMAHON 4/25/97 (305)685-2502