

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000049612 (0)**

1. Corporation Name

**PRO-MED HEALTH INSTITUTE INC.**

Principal Place of Business

**1385 CORAL WAY, STE. 403  
MIAMI FL 33145**

Mailing Address

**1385 CORAL WAY, STE. 403  
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/11/1996</b>	
21		26		4. FEI Number <b>65-0672388</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**GONZALEZ, ORLANDO N  
1385 CORAL WAY, STE. 403  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81	Name	<b>GUIDO F. MUNOZ</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1385 CORAL WAY, SUITE#403</b>
83		
84	City	<b>MIAMI</b>
85	Zip Code	<b>FL 33145</b>

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

**GUIDO F. MUNOZ P/D/T**

**April/22/1998**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>D</b>	1.1 TITLE	<b>P/D/T</b>
NAME	<b>GONZALEZ, ORLANDO N</b>	1.2 NAME	<b>GUIDO F. MUNOZ</b>
STREET ADDRESS	<b>1385 CORAL WAY, STE. 403</b>	1.3 STREET ADDRESS	<b>1385 CORAL WAY, SUITE#403</b>
CITY - ST - ZIP	<b>MIAMI FL 33145</b>	1.4 CITY - ST - ZIP	<b>MIAMI, FL. 33145</b>
TITLE	<b>PVST</b>	2.1 TITLE	
NAME	<b>GONZALEZ, ORLANDO N</b>	2.2 NAME	
STREET ADDRESS	<b>1385 CORAL WAY, STE. 403</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33145</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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

April/22/1998 (305)860-8008

CR2E034 (10/97)