

03-11-2002 90076 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069697
 1. Entity Name
LIFE EXTENSION CENTER, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4836 SW 8TH STREET
 Suite, Apt. #, etc.

City & State
Coral Gables, FL
 Zip
33134 Country
Miami Dade

3. Mailing Address
 Suite, Apt. #, etc.
"SAME"
 City & State

Zip
 Country

4. FEI Number
65-0689950
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
 Name
MARCELO LUNA
 Street Address (P.O. Box Number is Not Acceptable)
4836 SW 8TH STREET
 City
Coral Gables **FL** Zip Code
33134

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
D MARCELO LUNA
 STREET ADDRESS
4836 S.W. 8TH STREET
 CITY - ST - ZIP
CORAL GABLES, FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
D MANUEL FLORES
 STREET ADDRESS
4836 S.W. 8TH STREET
 CITY - ST - ZIP
CORAL GABLES, FL 33134

TITLE
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 CITY - ST - ZIP

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13. 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 report or supplemental 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 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE: [Signature] MARCELO LUNA 2/22/02 (305)498-9955

 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORDER 12/01