

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

**FILED**

**Feb 09 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 # P96000079321 (1)**

1. Corporation Name  
**NEW LIFE PLUS CENTER, INC.**



Principal Place of Business 1125 CORAL WAY CORAL GABLES FL 33134	Mailing Address 1125 CORAL WAY CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/23/1996</b>	
21	26	4. FEI Number <b>65-0732438</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AGUERO, FRANCISCO J 1125 CORAL WAY CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D Vice-President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	AGUERO, FRANCISCO J			1.2 NAME			
STREET ADDRESS	1125 CORAL WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP			
TITLE	D President	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	AGUERO, ZOILA D			2.2 NAME			
STREET ADDRESS	1125 CORAL WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-ST-ZIP			
TITLE	Vice-President	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Agüero, Maria L			3.2 NAME			
STREET ADDRESS	1125 Coral Way			3.3 STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, FL 33134			3.4 CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Beatriz Agüero E.			4.2 NAME			
STREET ADDRESS	1125 Coral Way			4.3 STREET ADDRESS			
CITY-ST-ZIP	Coral Gables, FL 33134			4.4 CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Agüero, Isabela C.			5.2 NAME			
STREET ADDRESS	1125 Coral Way			5.3 STREET ADDRESS			
CITY-ST-ZIP	CG-FL 33134			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: Zoila Agüero **SIGNATURE REQUIRED** 1/26/98

CR2E034 (10/97)