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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000101912 (9)

THE LIFE PROJECT, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Addre	Mailing Address				- I DOUGHDOL HA HOLLE DIGIT BOSHI BOHT BOLDT HIDN GOLDT HIDN DELDY HIDSE GOT HOUT				
2555 COLLIN	S AVENUE #1106	2555 COLLIN	2555 COLLINS AVENUE #1106								
MIAMI BEACH FL 33140			MIAMI BEACH FL 33140								
							DO NOT WRITE I 3. Date Incorporated or Qualified	N IHIS SI	ACE		
							12/16/1996				
2. Principal P	lace of Business	2a. Mailing Ac	idress				4. FEI Number		1 14	pplied For	
21		F ** 7	26				65-0717858			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					<u></u>		Additional	
22		27	27				5. Certificate of Status Desired		•	equired	
Clty & State	е	Cily & Stat	Cily & Stato				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip		Country	y		8. This corporation owes or has paid	_			
24	25	[29]	30				Personal Property Tax due June 3	-		No	
	9, Name and Address of Cu	irrent Hegistered Agen	61	I Ne	ame	10. Name and Address of New Reg	Biered A	jent			
	MENTA, MARY G				1 1 1 1	airio					
2555 COLLINS AVENUE #1106				82 Street Address (P.O. Box Number is Not Acceptable)							
MI/	VMI BEACH FL 33140			83							
				ا							
				84	Ci	ty		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Fix	orida Statutes, the	ahov	e-na:	med cornor	ration submits this statement for the pu		hanning i	ts registered	
office or r	egistered agent, or both, in the S	State of Florida. Such ch	ange was author	ized b	v the	corporation	n's board of directors. I hereby accept	the appoi	ntment as	registered	
•	m familiar with, and accept the o	ibligations of Section bu	97.0505, Fiorida 3	siaiule	S.						
SIGNATURE	Signature, typed or printed name of registers	id agent and little if applicable	(NOTE Flegis	lered Ag	ent sig	mature required	when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	<u> </u>	3.			ADDITIONS/CHANGES TO OFFICE	RS AND I	PRECTOR	RS IN 12	
TITLE	President		DELETE 1	1 TITLE				L	Change	Addition	
NAME	GARCIA-PIMLENTA, MARY		1.	2 NAME							
STREET ADDRESS	2555 COLLINS AVE., #11	06	1.	3 STREET	ADDA	RESS					
CITY-ST-ZIP	MIAMI BEACH FL			4 CITY - S	ST-ZIP	,					
TITLE		Ļ	DELETE 2	1 TITLE				L	Change	Addition	
NAME				2 NAME							
STREET ADDRESS			1	3 STREET		l l	•			Į	
CITY-ST-ZIP				4 Cily-	ST - ZII	P			T 00		
TITLE		لبيا		1 TITLE				L	_ Change	Addition	
NAME				2 NAME							
STREET ADDRESS				3 STREET		į				ļ	
CFTY-ST-ZIP TITLE				4. CITY- 1 TITLE	SI · ZII	-		-	Change	Addition	
NAME				2 NAME				L	Johange	Addition	
STREET ADDRESS				3 STREET	(ADDO	3666					
CITY-ST-ZIP				3 SINCCI 4 CITY - S							
TITLE				1 TITLE	11-21F			Т	Change	Addition	
NAME				2 NAME							
STREET ADDRESS				3 STREET	' ADDA	RESS				-	
CITY-ST-ZIP				4 CiTY-S							
TITLE			~	1 TITLE	, E-II			L	Change	Addition	
NAME			16	2 NAME)		_	-	Í	
STREET ADDRESS				3 STREET	r addr	RESS					
CITY-ST-ZIP				4 CITY - S							
	pertity that the information supplie	nd with this filmo does o					ection 119 07(3)(i) Florida Statutes I fo	irther cert	fy that the	information	

Indicated on this annual report of supplemental annual report is frue 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 of the deceiver or trusted 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 only attachment with an address.