

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90297 034 ***158.75

DOCUMENT # P97000020295

1. Corporation Name
RUN FOR LIFE CORPORATION

Principal Place of Business
7953 N.W. 21 STREET
MIAMI FL 33122

Mailing Address
150 S.E. 25TH ROAD
#5-C
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

Applied For
Not Applicable

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7953 NW. 21 Street

Suite, Apt. #, etc.

22

City & State
Miami, FL

Zip 33122 Country USA

2a. Mailing Address

26 2121 Ponce de Leon Blvd

Suite, Apt. #, etc.

27 Suite 240

City & State
Coral Gables, FL

Zip 33134 Country

10. Name and Address of New Registered Agent

81 Name Gabriel Prats

82 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

83 Suite 240

84 City Coral Gables FL 85 Zip Code 33134

9. Name and Address of Current Registered Agent
ROA, GLORIA P.A.
2100 PONCE DE LEON BLVD STE 920
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDT
NAME HOLCBERG, MARCELO
STREET ADDRESS 150 S.E. 25TH ROAD, #5-C
CITY-ST-ZIP MIAMI FL 33129

TITLE VPST
NAME KIMEL, DANIELA
STREET ADDRESS 150 S.E. 25TH ROAD, #5-C
CITY-ST-ZIP MIAMI FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDT
1.2 NAME HOLCBERG, MARCELO
1.3 STREET ADDRESS 7953 NW. 21 Street
1.4 CITY-ST-ZIP Miami FL 33122.

2.1 TITLE VP, D.S.
2.2 NAME KIMEL, DANIELA
2.3 STREET ADDRESS 7953 NW. 21 Street
2.4 CITY-ST-ZIP Miami, FL 33122

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/99

(305) 285-9144

CR2E034 (11/98)

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