

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

FILED  
May 14 1998 8:00am  
Secretary of State

DOCUMENT # P97000060958 (0)

1. Corporation Name

HEALTH, LIFE, AND PROGRESSIVE, INC.



Principal Place of Business

Mailing Address

16919 N. BAY RD. STE. 420  
NORTH MIAMI BEACH FL 33160

16919 N. BAY RD. STE. 420  
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified  |  |
| 21 2101 S Ocean dr                              |  | 26 2101 S Ocean dr  |  | 07/14/1997   |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.   |  | 4. FEI Number  |  |
| 22 Suite 608                                    |  | 27 Suite 608  |  | 650775867  |  |
| City & State                                    |  | City & State  |  | Applied For  |  |
| 23 Hollywood Florida                            |  | 28 Hollywood Florida  |  | Not Applicable   |  |
| Zip   |  | Zip   |  | 5. Certificate of Status Desired   |  |
| 24 33019  |  | 29 33019  |  | <input type="checkbox"/> \$8.75 Additional Fee Required                      |  |
| Country   |  | Country   |  | 6. Election Campaign Financing   |  |
| 25 Broward                                      |  | 30 Broward  |  | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent                   |  | 10. Name and Address of New Registered Agent          |  |
| BARAK, ALEX T<br>4801 SHERIDAN ST. STE. 206<br>HOLLYWOOD FL 33021 |  | 81 Name   |  |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | 83  |  |
|   |  | 84 City   |  |
|   |  | FL 85 Zip Code  |  |

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                                      |  | 1.1 TITLE  |  |
| NAME                                       |  | 1.2 NAME   |  |
| STREET ADDRESS                             |  | 1.3 STREET ADDRESS   |  |
| CITY-ST-ZIP                                |  | 1.4 CITY-ST-ZIP  |  |
| KALININE, MIKHAIL                          |  | Kalinine Mikhail   |  |
| 16919 N. BAY RD. STE. 420                  |  | 2101 S. Ocean dr ste 608   |  |
| NORTH MIAMI BEACH FL 33160                 |  | Hollywood FL 33019   |  |
| <input checked="" type="checkbox"/> DELETE |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE                                      |  | 2.1 TITLE  |  |
| NAME                                       |  | 2.2 NAME   |  |
| STREET ADDRESS                             |  | 2.3 STREET ADDRESS   |  |
| CITY-ST-ZIP                                |  | 2.4 CITY-ST-ZIP  |  |
| <input type="checkbox"/> DELETE            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE                                      |  | 3.1 TITLE  |  |
| NAME                                       |  | 3.2 NAME   |  |
| STREET ADDRESS                             |  | 3.3 STREET ADDRESS   |  |
| CITY-ST-ZIP                                |  | 3.4 CITY-ST-ZIP  |  |
| <input type="checkbox"/> DELETE            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE                                      |  | 4.1 TITLE  |  |
| NAME                                       |  | 4.2 NAME   |  |
| STREET ADDRESS                             |  | 4.3 STREET ADDRESS   |  |
| CITY-ST-ZIP                                |  | 4.4 CITY-ST-ZIP  |  |
| <input type="checkbox"/> DELETE            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE                                      |  | 5.1 TITLE  |  |
| NAME                                       |  | 5.2 NAME   |  |
| STREET ADDRESS                             |  | 5.3 STREET ADDRESS   |  |
| CITY-ST-ZIP                                |  | 5.4 CITY-ST-ZIP  |  |
| <input type="checkbox"/> DELETE            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE                                      |  | 6.1 TITLE  |  |
| NAME                                       |  | 6.2 NAME   |  |
| STREET ADDRESS                             |  | 6.3 STREET ADDRESS   |  |
| CITY-ST-ZIP                                |  | 6.4 CITY-ST-ZIP  |  |
| <input type="checkbox"/> DELETE            |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |

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 04/16/98 16919 N. BAY RD. STE. 420

CR2E034 (10/97)