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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000061742 (7)

1. Corporation Name
PROHEALTH & LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
8333 WEST MCNAB ROAD SUITE 116 TAMARAC FL 33321	8333 WEST MCNAB ROAD SUITE 116 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1997

2. Principal Place of Business — 21 Suite, Apt. #, etc — 22 City & State — 23 Zip — 24 Country — 25

2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 65-0837739 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEIRA, GABRIEL R
8333 WEST MCNAB ROAD
SUITE 116
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: NEIRA RICARDO
82 Street Address (P.O. Box Number is Not Acceptable): 8333 W McNab Rd. Ste 116.
83
84 City: Tamarac FL 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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] P.D. 04/20/98
Signature, type or print name of person signing (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEIRA, GABRIEL R 8333 WEST MCNAB ROAD TAMARAC FL 33321	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD NEIRA RICARDO 8333 W McNab Rd. suite 116 Tamarac, Fl 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEIRA, CLAUDIA MARIA 8333 WEST MCNAB ROAD TAMARAC FL 33321	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP NEIRA GABRIEL 12420 SW 1 Strd. Coral Springs, Fl 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD NEIRA, ALEXANDRA 8333 WEST MCNAB ROAD TAMARAC FL 33321	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD. NEIRA Claudia Maria 12420 SW 1 Std. Coral Springs, Fl 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NEIRA, CLAUDIA J 8333 WEST MCNAB ROAD TAMARAC FL 33321	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	ASD. NEIRA Alexandra 12420 SW 1 Strd. Coral Springs, Fl 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEIRA, RICARDO A 8333 WEST MCNAB ROAD TAMARAC FL 33321	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD NEIRA Claudia 8333 W McNab Rd. suite 116 Tamarac, Fl 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: GABRIEL R NEIRA [signature] 04/20/98 (954) 720 7064