

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90121 001 ***150.00

DOCUMENT # P98000040887

1. Corporation Name

HEALTH LIFE PRODUCTS INT'L INC.

Principal Place of Business

2999 NW 48 AVENUE BLOCK 2 SUITE 441
LAUDERDALE LAKES FL 33313

Mailing Address

NEW ADDRESS
1335 BOURG-JOLI
STE-ADELE-P.Q. CANADA
J0R1L0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

65-0832663

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

9. Name and Address of Current Registered Agent

LAMOTHE, FERNAND
721 SE 17TH STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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

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 DP ☐ DELETE

NAME COULOMBE, JEAN-PAUL
STREET ADDRESS 2999 NW 48 AVENUE BLOCK 2 SUITE 441
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE DS ☐ DELETE

NAME GOULET, CECILE
STREET ADDRESS 2999 NW 48 AVENUE BLOCK 2 SUITE 441
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE COULOMBE - JEAN-PAUL ☐ DELETE

NAME 1335 BOURG-JOLI
STREET ADDRESS STE-ADELE, Q.B. - CANADA
CITY-ST-ZIP J0R1L0

TITLE JORILLO ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-8-99-450-229-9225

Date

Daytime Phone #

CR2E034 (11/98)