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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000058650</b> 1. Corporation Name <b>BETTER WAY USA, INC.</b>			
Principal Place of Business 12764 SW 257TH STREET MIAMI FL 33032		Mailing Address 12764 SW 257TH STREET MIAMI FL 33032	
2. Principal Place of Business 21 <i>Squad</i> Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 <i>33189</i> 25 <i>USA</i>		2a. Mailing Address 26 <i>20547 Oldcutt Rd</i> Suite, Apt. #, etc. 27 <i>Box 135</i> City & State 28 <i>Miami Fla</i> Zip Country 29 <i>33189</i> 30 <i>USA</i>	
9. Name and Address of Current Registered Agent <b>LOPEZ, ELIZABETH</b> <b>27010 SW 120 AVENUE ROAD</b> <b>HOMESTEAD FL 33032</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> \$5 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <b>PO</b> <input type="checkbox"/> DELETE NAME <b>CABAN, FRANCISCO E</b> STREET ADDRESS <b>12764 SW 257TH STREET</b> CITY-ST-ZIP <b>MIAMI FL 33032</b> TITLE <b>VPO</b> <input checked="" type="checkbox"/> DELETE NAME <b>CABAN, FRANCISCO E JR.</b> STREET ADDRESS <b>12764 SW 257TH STREET</b> CITY-ST-ZIP <b>MIAMI FL 33032</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 #

CR2E034 (1/1/98)