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

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PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 MAR -9 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063542

1. Corporation Name
BETTER LIVING SYSTEMS, INC.

Principal Place of Business
15350 S.W. 73RD TERRACE CIR.
#6
MIAMI FL 33193

Mailing Address
15350 S.W. 73RD TERRACE CIR.
#6
MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/20/1998

4. FEI Number
APPLIED FOR
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] $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 [X] No

2. Principal Place of Business
21 8025 S.W. 150 AVE
Suite, Apt. #, etc.
22 MIAMI, FLA. 33193
City & State
23
Zip
24 25 Country DADE

2a. Mailing Address
26 8025 S.W. 150 AVE
Suite, Apt. #, etc
27 MIAMI, FLA. 33193
City & State
28
Zip
29 30 Country DADE

9. Name and Address of Current Registered Agent
CORTES, NORBERTO E
15350 S.W. 73RD TERRACE CIR.
#6
MIAMI FL 33193

10. Name and Address of New Registered Agent
81 Name ROCIO VARGAS
82 Street Address (P.O. Box Number is Not Acceptable) 8025 S.W. 150 AVE.
83
84 City MIAMI FL 85 Zip Code 33193

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 MARIA DEL ROCIO VARGAS (NOTE: Registered Agent Signature Required When Filing) DATE 3/1/99

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	CORTES, NORBERTO F	
STREET ADDRESS	15350 S.W. 73RD TERRACE CIR.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	[ ] DELETE
NAME	VARGAS, MARIA D	
STREET ADDRESS	8025 S.W. 150TH AVE.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] 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	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change	[ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change	[ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change	[ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****158.75 ****158.75

B. 3/11/99 94AR

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: _____ 3/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)