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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90045 046 ***150.00

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1. Corporation Name

HEALTHY LIFE PRODUCTS, INC.

Principal Place of Business

Mailing Address

**5455 S.W. 8th ST.
Suite # 245
Miami, FL 33134**

3. Date Incorporated or Qualified
Sept. 11, 1998

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26 **5455 S.W. 8th ST.**

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22

27 **SUITE # 245**

City & State

City & State

23

28 **Miami, FL**

Zip

Country

Zip

Country

24

25

29 **33134**

30 **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 Almeria Avenue
Coral Gables, FL 33134**

81 Name

Lunelly A. Cardona

82 Street Address (P.O. Box Number is Not Acceptable)

5455 S.W. 8th ST.

83

Suite # 245

84 City

Miami

FL

85 Zip Code

33134

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

Lunelly A. Cardona

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-99

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D** ☐ DELETE
NAME **Luis A. Cardona**
STREET ADDRESS **5455 SW 8th ST. #245**
CITY-ST-ZIP **Miami, FL 33134**

1.1 TITLE **VP/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **Lunelly A. Cardona**
STREET ADDRESS **5455 SW 8th ST. #245**
CITY-ST-ZIP **Miami, FL 33134**

2.1 TITLE **P/S/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **Milsie M. Gonzalez**
STREET ADDRESS **5455 SW 8th ST. #245**
CITY-ST-ZIP **Miami, FL 33134**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **CD** ☒ DELETE
NAME **Alberto Gonzalez**
STREET ADDRESS **5455 SW 8th ST. #245**
CITY-ST-ZIP **Miami, FL 33134**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Luis A. Cardona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

DATE

(305) 774-6188

DAYTIME PHONE #

CR2E034 (12/95)