FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V46189 (9)

1. Corporation Name
OMNI-LIFE, INC.

Principal Place of Business
~~601 IVES DAIRY ROAD~~
~~STE 203~~
~~N MIAMI BEACH FL 33179-5434~~
US

Mailing Address
~~601 IVES DAIRY RD~~
~~STE 203~~
~~N. MIAMI BE 33179-5434~~
US

2. Principal Place of Business
21 643 Briarwood Circle
Suite, Apt. #, etc
22
City & State
23 Hollywood, FL.
Zip 24 33024 Country 25 USA

2a. Mailing Address
26 643 Briarwood Circl
Suite, Apt. #, etc.
27
City & State
28 Hollywood, FL.
Zip 29 33024 Country 30 USA

3. Date Incorporated or Qualified: 06/23/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0372030 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BODZIN, SIDNEY M.
11900 BISCAYNE BLVD.
SUITE 808
MIAMI FL 33181

10. Name and Address of New Registered Agent
81 Name: GERARD G. MOSS
82 Street Address (P.O. Box Number is Not Acceptable): 12000 BISCAYNE BLVD, SUITE 808
83 Gerard G. Moss
84 City: MIAMI FL 85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	PTSD	☐ DELETE
NAME	TODD, MORTON	
STREET ADDRESS	601 IVES DAIRY RD / STE - 203	
CITY-ST-ZIP	N MIAMI FL	
TITLE	SVD	☐ DELETE
NAME	TODD, MORTON	
STREET ADDRESS	601 IVES DAIRY RD #203	
CITY-ST-ZIP	MIAMI FL	
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	PTSD	☒ Change ☐ Addition
1.2 NAME	TODD, MORTON	
1.3 STREET ADDRESS	643 Briarwood Circle	
1.4 CITY-ST-ZIP	Hollywood, FL. 33024	
2.1 TITLE	SVD	☒ Change ☐ Addition
2.2 NAME	TODD, MORTON	
2.3 STREET ADDRESS	643 Briarwood Circle	
2.4 CITY-ST-ZIP	Hollywood, FL. 33024	
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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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: Morton Todd — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 6/1/96
Daytime Phone #

7/23/96

CR2E034 (12/95)