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FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V54726
1. Corporation Name
HEALTH STUDIES INSTITUTE, INC.

(7)

Principal Place of Business
9705 SW 132ND CT
MIAMI FL 33186

Mailing Address
9705 SW 132ND CT
MIAMI FL 33186

2. Principal Place of Business
21 2560 N POWERLINE RD
Suite, Apt. #, etc.
22 #201
City & State
23 POMPANO BEACH FL
Zip
24 33069
Country
25 BROWARD

2a. Mailing Address
26 P.O. Box 6808
Suite, Apt. #, etc.
27
City & State
28 DEERFIELD BEACH FL
Zip
29 33442-6808
Country
30 BROWARD

3. Date Incorporated or Qualified
08/03/1992

4. FEI Number
65-0355254

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 or has paid the current year Intangible Personal Property Tax due June 30.
Yes No

9. Name and Address of Current Registered Agent
GARY V. SMITH
1230 N.W. 7 ST.
STE 333
MIAMI FL 33125

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 NO STE JUST DELETE
84 City
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 PD
NAME RAUZIN, DENNIS
STREET ADDRESS 9705 SW 132ND CT
CITY-ST-ZIP MIAMI FL
TITLE SD
NAME RAUZIN, RITA
STREET ADDRESS 9705 SW 132ND CT
CITY-ST-ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 7630 S. WOODBRIDGE DR
1.4 CITY-ST-ZIP PARKLAND FL 33067
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 7630 S. WOODBRIDGE DR
2.4 CITY-ST-ZIP PARKLAND FL 33067
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 unchanged, or on an attachment with an address.