

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 MAY -1 PM 4:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1994**



**FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P93000005718 (0)

**1. Corporation Name
TOTAL HEALTH NUTRITION, INC.**

**Mailing Address
454 NW 22 AVE #208
MIAMI FL 33125**

**Principal Place of Business
454 NW 22 AVE #208
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified 01/25/1993		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0382214		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
23. City		28. City		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. State		29. State		8. This corporation has liability for corporate tax under S 198797 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEINADO LEOPOLDO 5725 SW 154 COURT MIAMI FL 33193				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits the 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 or 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, and title, if applicable) (Name, Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE	P/D	11. TITLE		11. TITLE		11. TITLE	
12. NAME	PEINADO LEOPOLDO E	12. NAME		12. NAME		12. NAME	
13. STREET ADDRESS	5725 SW 154 CT	13. STREET ADDRESS		13. STREET ADDRESS		13. STREET ADDRESS	
14. CITY, ST, ZIP	MIAMI FL 33193	14. CITY, ST, ZIP		14. CITY, ST, ZIP		14. CITY, ST, ZIP	
21. TITLE	S/D	21. TITLE		21. TITLE		21. TITLE	
22. NAME	PEINADO CASILDA E	22. NAME		22. NAME		22. NAME	
23. STREET ADDRESS	5725 SW 154 CT	23. STREET ADDRESS		23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST, ZIP	MIAMI FL 33193	24. CITY, ST, ZIP		24. CITY, ST, ZIP		24. CITY, ST, ZIP	
31. TITLE		31. TITLE		31. TITLE		31. TITLE	
32. NAME		32. NAME		32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS		33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY, ST, ZIP		34. CITY, ST, ZIP		34. CITY, ST, ZIP		34. CITY, ST, ZIP	
41. TITLE		41. TITLE		41. TITLE		41. TITLE	
42. NAME		42. NAME		42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS		43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY, ST, ZIP		44. CITY, ST, ZIP		44. CITY, ST, ZIP		44. CITY, ST, ZIP	
51. TITLE		51. TITLE		51. TITLE		51. TITLE	
52. NAME		52. NAME		52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS		53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY, ST, ZIP		54. CITY, ST, ZIP		54. CITY, ST, ZIP		54. CITY, ST, ZIP	
61. TITLE		61. TITLE		61. TITLE		61. TITLE	
62. NAME		62. NAME		62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS		63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY, ST, ZIP		64. CITY, ST, ZIP		64. CITY, ST, ZIP		64. CITY, ST, ZIP	

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14. I, the undersigned, certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 member or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document with an address.

SIGNATURE: *Leopoldo E Peinado* Leopoldo E Peinado Pres 4/15/95 (005) 642-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR