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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000052198 (7)

1. Corporation Name
PURA SALUD GNC INC.



Principal Place of Business: 13611 S DIXIE HWY 106 MIAMI FL 33176 US

Mailing Address: 13611 S DIXIE HWY 106 MIAMI FL 33176-7258 US

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 04/16/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0426523	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CASTELLON, BARNEY 1046 NW 126 CT MIAMI FL 33182	10. Name and Address of New Registered Agent 81 Name: CASTELLON Barney 82 Street Address (P.O. Box Number is Not Acceptable): 13800 S.W. 103 Ave. 83 MIAMI 84 City: MIAMI FL 85 Zip Code: 33176
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31. 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: *Barney Castellon* DATE: 1/3/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSTD	<input type="checkbox"/> DELETE	1.1 TITLE: PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CASTELLON, BARNEY		1.2 NAME: Castellon Barney	
STREET ADDRESS: 1046 NW 126 CT		1.3 STREET ADDRESS: 13800SW 103Ave.	
CITY-ST-ZIP: MIAMI FL 33182		1.4 CITY-ST-ZIP: Miami Fla 33176	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, SCOTT A		2.2 NAME: Johnson, Scott A	
STREET ADDRESS: P O BOX 09611		2.3 STREET ADDRESS: 885 claycraft Rd	
CITY-ST-ZIP: BEXLEY OH		2.4 CITY-ST-ZIP: Columbus OH 43004	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do 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.

SIGNATURE: *Barney Castellon* DATE: 1/4/97 DAYTIME PHONE #: (305) 378 4185

CR2E034 (9/96)