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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000050660 (6)**

1. Corporation Name
U.S.A. NUTRITION INC.

Principal Place of Business	Mailing Address
2895 BISCAYNE BLVD SUITE 336 MIAMI FL 33137	2895 BISCAYNE BLVD SUITE 336 MIAMI FL 33137-4537

3. Date Incorporated or Qualified: 06/28/1995
3a. Date of Last Report: 05/02/1996

2. Principal Place of Business	2a. Mailing Address
21 444 BRICKEL AVENUE	26 444 BRICKELL AVENUE
Suite, Apt. #, etc. 22 SUITE 51-345	Suite, Apt. #, etc. 27 SUITE 51-345
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33131 / 25 U.S.A	Zip / Country 29 33131 / 30 U.S.A.

4. FEI Number: 65-0671613 ☐ 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	10. Name and Address of New Registered Agent
MAILLARD, PATRICIA 2895 BISCAYNE BLVD SUITE 336 MIAMI FL 33137	81 Name: MAILLARD, PATRICIA 82 Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AVENUE 83 SUITE 51-345 84 City: MIAMI FL 85 Zip Code: 33131

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: PATRICIA MAILLARD, PRESIDENT — 4/10/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MAILLARD, PATRICIA	1.2 NAME	MAILLARD, PATRICIA
STREET ADDRESS	2895 BISCAYNE BLVD SUITE 336	1.3 STREET ADDRESS	444 BRICKELL AVENUE, STE 51-345
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131
TITLE	VP ☐ DELETE	2.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	DIAZ, JOSE A	2.2 NAME	DIAZ, JOSE A
STREET ADDRESS	13783 SW 66 STREET	2.3 STREET ADDRESS	5600 SW 135 AVENUE, SUITE 102
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: 4/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187660