FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077791 1. Corporation Name

DIETA FOODS, INC.

Principal Place	O Business	Mailing Address							
5601 NW 159TH ST MIAMI FL 33014		C/O (VAN A. GOMEZ. P.A. 601 BRICKELL KEY DR SUITE 507 MIAMI FL				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/10/1995			
2 Principal Pl	ace of Business	2a. Mailing Addre	SS			4. FEI Number		Ai	pplied For
21	200 0. 200	26				65-0618704		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					327	\$8.75	Additional
22		27				5. Certifcate of Status Desired	X∃	Fee R	lequired
City & State		City & State			***	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		·	to Fees
Zip				untry		8. This corporation owes the cur-	rent year Inta	angible	
24	25	29	30	-		Personal Property Tax.	•	∐Yes	∑ No
24	9. Name and Address of Cu					10. Name and Address of New	Registered /	Agent	
IV/AAI				81 N	P. FE	RNANDEZ-VASC	ONCEL	٥٥	
	A. GOMEZ, P.A.		R2 Street A			ss (P.O. Box Number is Not Accept	ablet		
601 BRICKELL KEY DR				20 5	2601 N	IN 159 STREE	<u> </u>		
SUITE 507 MIAMI FL 33131				83					
MIAN	II FL 33131			84 C	City			85 Zip	Code
				IA	niami		<u> </u>	3.	3014
office or to	to the provisions of Sections 607 egistered agent, or both, in the Si n familiar with, and accept the ob	ate of Florida. Such chang	e was autnorized	a by tne	amed corpor corporation	ation submits this statement for the 's board of directors. I hereby acce	purpose of optithe appoir	changing its itment as re	s registered egistered
SIGNATURE				.			DATE		
	Signature, typed or printed name of registered		(NOTE: Registered	d Agent sig	gnature required v	ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
12.		AND DIRECTORS		ITI F	ח	/P/S/T	TIOCINO AIT	Change	
TITLE	D			AME	, D,	, , , , , ,			
NAME	FERNANDEZ-VASCONCELO	, HICANDO		TREET ADI	-CDCCO				
STREET ADDRESS	5600 NW 159TH ST				,				
CITY-ST-ZIP	MIAMI FL 33014	□ DE		ITY-ST-ZIF	P			Change	Addition
TITLE									
NAME			2.2 N						
STREET ADDRESS			2.3 S	TREET ADI	DRESS				
CITY-ST-ZIP				CITY-ST-ZI	TIP			Change	Addition
TITLE		□ DE						Change	☐ Addition
NAME		•	3.2 N	IAME					
STREET ADDRESS			3.3 \$	TREET ADI	DRESS				
CITY-ST-ZIP				CITY-ST-ZI	IP.				
TITLE		☐ DE	LETE 4.1 T	ITLE				Change	☐ Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET ADI	DRESS				
CITY-ST-ZIP			4.4 C	ITY-ST-ZI	P				
TITLE		☐ DE	LETE 5.1 T	TILE				☐ Change	Addition
NAME			5.2 N	IAME					1
STREET ADDRESS			5.3 S	TREET AD	DRESS				
CITY-ST-ZIP			5.4 0	HTY-ST-ZI	IP				
TITLE		☐ DE	LETE . 6.1 T	TILE				☐ Change	ı ☐ Addition
NAME			62 N	IAME					ļ

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 and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

May 08, 1999 8:00 am Secretary of State

05-08-1999 90032 027 ***158.75