

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

**FILED**  
**Aug 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morghan</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000004858**  
 1. Corporation Name  
**NUTRI-CEUTICALS, INC.**

Principal Place of Business Mailing Address **same**  
**2101 NW 33rd Street, Suite 2000A**  
**Pompano Beach, FL 33069**

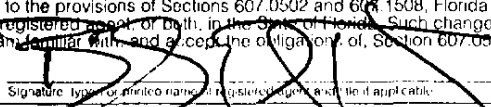
21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/16/96					
City & State		City & State		4. FEI Number		Applied For			
Zip		Country		65-0638932		Not Applicable			
22		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees			
24		25		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

81	Name	<b>Barry Berkowitz</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>17782 Heather Ridge Lane</b>
83		
84	City	<b>Boca Raton FL</b>
85	Zip Code	<b>33498</b>

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **8/12/97**

**12. OFFICERS AND DIRECTORS**  DELETE

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**  Change  Addition

1.1 TITLE	V
1.2 NAME	De Carvalho, Roberto Porto
1.3 STREET ADDRESS	2101 NW 33rd Street, Suite 2000A
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
2.1 TITLE	P
2.2 NAME	Moyses Levy
2.3 STREET ADDRESS	2101 NW 33rd Street, Suite 2000A
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069
3.1 TITLE	V
3.2 NAME	Barry J. Berkowitz
3.3 STREET ADDRESS	2101 NW 33rd Street, Suite 2000A
3.4 CITY-ST-ZIP	Pompano Beach, FL 33069
4.1 TITLE	V
4.2 NAME	Melvyn Steinberg
4.3 STREET ADDRESS	2101 NW 33rd Street, Suite 2000A
4.4 CITY-ST-ZIP	Pompano Beach, FL 33069
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	000002274070
6.2 NAME	-08/21/97--01002--032
6.3 STREET ADDRESS	***550.00
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: Roberto Porto De Carvalho, Vice President** 7/21/97 954-977-4454

CR2E034 (9/96)