

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90146 040 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000004858**

1. Corporation Name  
**NUTRI-CEUTICALS, INC.**

Principal Place of Business  
 2101 NW 33RD STREET, STE. 2000A  
 POMPANO BEACH FL 33069

Mailing Address  
 2101 NW 33RD STREET, STE. 2000A  
 POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/16/1996**

4. FEI Number  
**65-0638932**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 City & State  
 Zip Country

9. Name and Address of Current Registered Agent  
**BERKOWITZ, BARRY**  
**2101 NW 33RD STREET**  
**SUITE 2000-A**  
**POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 *[Signature]* DATE **4/20/99**

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DE CARVALHO, ROBERTO PORTO	
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, MOYSES	
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, BARRY J	
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEINBERG, MELVYN	
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PRESIDENT</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE: **4/20/99** DAYTIME PHONE #: **954-977-4454**

CR2E034 (11/98)