

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 JUL 21 PM 1:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P96000031378 (8)**

1. Corporation Name  
**NUTRITION GLOBE CORPORATION**

Principal Place of Business

**1221 BRICKELL AVE.  
 MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVE.  
 MIAMI FL 33131-3224**

3. Date Incorporated or Qualified **04/10/1996** 3a. Date of Last Report

2. Principal Place of Business

21 **1221 Brickell Avenue**

Suite, Apt. #, etc.

22 **24th Floor**

City & State

23 **Miami, Florida 33131**

Zip

24 **33131**

Country

25 **USA**

2a. Mailing Address

26 **1221 Brickell Avenue**

Suite, Apt. #, etc.

27 **24th Floor**

City & State

28 **Miami, Florida 33131**

Zip

29 **33131**

Country

30 **USA**

4. FEI Number

✓ **65-0765031**

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

**MARTIN, PEDRO A  
 % GREENBERG, TRAUERIG, HOFFMAN LIPOFF  
 1221 BRICKELL AVE.  
 MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name **Martin, Pedro A., Greenberg, Traurig, et al**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1221 Brickell Avenue, 24th Floor**  
 83  
 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 **Pedro A. Martin**

**7/18/97**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **D CALIERNO, OSVALDO A**  
 STREET ADDRESS **% 1221 BRICKELL AVE.**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
**200002245712--9**  
**-07/23/97--01123--003**  
**\*\*\*\*385.00 \*\*\*\*385.00**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
**200002245712--9**  
**-07/23/97--01123--004**  
**\*\*\*\*165.00 \*\*\*\*165.00**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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

**7-18-97**

CR2E034 (9/96)