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APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO:

Division of Corporations Post Office Box 6327 Tallahassee, fl. 32314

Name & address to whom acknowledgment should be sent:
ELADIET INTERNATIONAL
GONZALO GIORDANO
3301 OAK HILL STREET
HOLLYWOOD, FL. 33312

Daytime Telephone number
1 954 989 3654

PART I

1 (a) Applicantia name
1. (a) Applicant's name: ELADIET INTERNATIONAL INC.
(b) Applicant's business address
1325 NW 93 COURT #104
MIAMI, FL. 33172
(c) Applicant's telephone number: 305 551 7204
Individual Corporation Joint Venture Other
General Partnership Limited Partnership Union
(1) Florida registration number: P98000063564 (2) Domicile State: FLORIDA (3) Federal Employer Identification Number: 592226287
(a)If the mark to be registered is a service mark, the services in connection with which the mark is used (i.e. furniture moving services, diaper services, house painting services, ect.
(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used (i.e.ladies sportwear, cat food, barbecue grills, shoe laces, ect.)
DIADMACTITICAL PROPLICT
PHARMACEUTICAL PRODUCT NATURAL DIETARY SYRUP
(c) The mode or manner in which the mark is used: (i.e.,labels, decals, newspaper advertisements brochures, ect.)
IMPRINTED IN CONTAINER
(Continued)

	CLASS 0005		
	PART II		
1. Date first used by the applicant	•	or a related company (must inclu	de, month,day and
year) APRIL 1			
(a) Date first used anywhere:	01/01/1975	(b)Date first used in Florida:	MAY 1995
	PART III		
I.The mark to be registered is: (If	logo/design is i	ncluded, please give brief written	description
which must be 25 words or less	•		
	GINGERMI		
DISCLAIMED (if applicable)	PROPER N	AME, NO TRANSLATION	
2DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EX	CHSIVE BIGH	IT TO USE THE TERM GINGE	RMIEI
TO CLAIM TO MADE TO THE EX	OLUGIVE RIGH	" APPART FROM THE MARK	
		Being sworn, depose and say that I am the owne	•
or that I am authorized to sign on behalf of the own	ner and applicant herein		
nark in Florida either ind the identical form or in st			
ffidavit and verification on my/the applicant's beh	alf. I further acknowledg	e that I have read the application and know the co	ontents hereof and that
he facts state herein are true and correct.			
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ELADIE	INTERNATION printed name of applic		
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ELADIE ^{**} Typed or			
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FEE: \$87.50 per class

Carmen S Torres

My Commission CC851401

Expires July 1, 2003

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