

T04000000396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

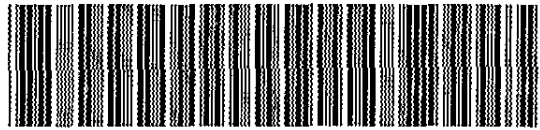
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03/08/04--010201--024 **87.50

Ⓢ T04-396

~~T04-9458~~

STATE OF ILLINOIS
DIVISION OF REGISTRATIONS
04 MAR 30 AM 9:22

✓ ✓



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 9, 2004

JOSE V. AGUIAR
NYAL LABORATORIES
7105 SW 8TH STREET, SUITE 203
MIAMI, FL 33144

SUBJECT: PART III INCOMPLETE (THERANYL M)
Ref. Number: W04000009458

We have received your document for PART III INCOMPLETE (THERANYL M) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 104A00015647

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:

JOSE V. AGUIAR
NYAL LABORATORIES
7105 SW 8th STREET SUITE # 203
(MAIMI, FLORIDA 33144
Daytime Telephone number (305-223-5458)

PART I

1. (a) Applicant's name: JOSE V. AGUIAR

(b) Applicant's business address: 7105 SW 8th STREET SUITE # 203

MIAMI , FLORIDA 33144
City/State/Zip

(c) Applicant's telephone number: (305) 223-5458

Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 23-08-136896-80 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 59-6527057

2. (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, etc.)

N/A

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

VITAMIN/MINERAL SUPPLEMENT. TABLETS.

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

STICK THE LABEL TO THE PRODUCT. LABEL

(Continued)

d) The class(es) in which goods or services fall:

CLASS 5

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 6/25/1998 (b) Date first used in Florida: 3 13 2000

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

THERANYL M

English Translation ATTACHED

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "
" APART FROM THE MARK AS SHOWN.

I, _____, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

JOSE V. AGUIAR

Typed or printed name of applicant

(Signature)
Applicant's signature or authorized person's signature
(List name and title)

STATE OF FLORIDA

COUNTY OF DADE

On this 320 day of MARCH, 2004, JOSE V AGUIAR personally appeared before me,

who is personally known to me whose identity I proved on the basis of FL DRIVERS
A260 438-18-1230

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 30 AM 9:22

(Seal)

(Signature)
Notary Public Signature

ALEIDA M LEMUS
Notary's Printed Name

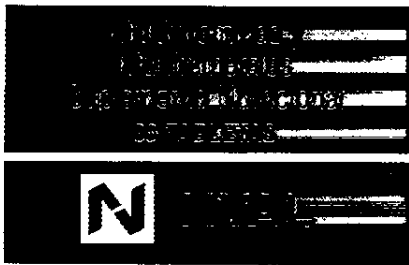
My Commission Expires: _____

FEE: \$87.50 per class

OFFICIAL NOTARY SEAL
ALEIDA M LEMUS
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC 940063
MY COMMISSION EXP. MAY 25, 2004

NDC 57563-850-55

THERANYL M



CADA TABLETA CONTIENE	% U.S. RDA*
Vitaminas	100
Vitamina A (Retinol)	5000 UI
Vitamina B1 (Tiamina)	200
Vitamina B2 (Riboflavina)	200
Vitamina B6 (Piridoxina)	200
Vitamina B12 (Cianocobalamina)	100
Vitamina C (Ácido Ascórbico)	200
Calcio	40 mg
Fósforo	20 mg
Yodo	100 mcg
Hierro	27 mg
Magnesio	100 mg
Zinc	15 mg
Cromo	5 mcg
Molibdeno	10 mcg
Selenio	10 mcg
Fluoruro	10 mcg
Ácido Pantoténico	20 UI
Triptófano	10 mg
Acetilcolina	0 mg
Colina	15 mg
Minerales	
Calcio	40 mg
Fósforo	20 mg
Yodo	100 mcg
Hierro	27 mg
Magnesio	100 mg
Zinc	15 mg
Cromo	5 mcg
Molibdeno	10 mcg
Selenio	10 mcg
Fluoruro	10 mcg
Electrolitos	
Potasio (Sales de Potasio)	7.5 mg
Sodio (Sales de Sodio)	7.5 mg

* Dosis diaria recomendada en EUA (RDA) no ha sido establecida.

INDICACIONES: Adultos Una (1) tableta debe ser tomada con un vaso de agua con las comidas.

CONTRAINDICACIONES: EL FRASCADO DEBEN SER ALMACENADO EN UN LUGAR SECO. No se exponga a exceso de calor.

MANTENGASE FUERA DEL ALCANCE DE LOS NIÑOS

Lot No _____ Fecha Exp. _____
 Rep. Dominicana Reg. Sanitario 7985
 Manufactured by
 NIVAL Laboratories,
 Avon, Países 3168 E.U.A.