FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F45230

1. Corporation Name

(2)

FILED Apr 23 1996 8:00 am Secretary of State

GERO VITA INTERNATIONAL, INC.	

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Principal Place of	Business	Maling Address				
C/O G.B. DATA SYSTEMS C/O G.B. DATA SYSTEMS 520 WASHINGTON BLVI						
	ton BLVD., #420 Rey CA 90292	520 WASHING MARINA DEL 1			P. Date Learning and Or Confided	3a. Date of Last Report
MARINA DEL	DEL ON SUCSC				3. Date Incorporated or Qualified 09/18/1981	01/24/1995
2. Principal Place	o of Business	2a. Mailing Addre	SS		4. FEI Number	Applied For
i. Principai riaci	e O. Dogingoo	26			59-2126132	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27				
City & State		}¬			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3		28			This corporation has fiability for intangible	
Zip	Country	Zη»	30	чу	Florida Statutes Yes	Nο
4	25 9. Name and Address of Curren	29 29 Agent	[30]		10. Name and Address of New F	Registered Agent
	9. Name and Address of Curren	it negistered agent		Name		
	SE LIALL CORPORATION SVCT	EM INC	ļ.,	Ornat Add	ress (P.O. Box Number is Not Acceptal	ole)
PRENIIU	E HALL CORPORATION SYST	EM, INC.],	32 Street Addi	ress (F.O. Box Northern 15 No. Nocepton	
	rth Magnolia Street Assee FL 32301		1	83		
TALLAN	ASSEE PL 32301		-	84 City		85 Zip Code
				· · ·	ration submits this statement for the purific of directors. I hereby accept the app	FL
SIGNATURE S	Bigli ana si hysekt di printed nama otnikaj kreikt a per OEETCERS AN	ta the tage dai	partie (P. petered)	Ages 15 gradure suppre	ad when which though ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12
TITLE	PSTD	DEI	ETE 1 1 TI	ILF		☐ Change ☐ Addition
NAME	BRASWELL, A. GLENN		1 2 NA	ME		
STREET ACCURESS	220 E. FLAMINGO, #413		1351	REE! ADDRESS		
CITY - ST - ZIP	LAS VEGAS NV 89109			Y-S1-ZIF		Change Addition
TITLE		DEI		1		C. G. Barige D. Mad tron
NAME			2.5 M4			
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP				TY+S1+ZIF		☐ Change ☐ Addition
TITLE		[] Oto	32 N	1		
NAME			1	TREET ADDRESS		
STREET ADDRESS				TY ST-ZIP		
CITY-ST-7/P TITLE		DE				☐ Change ☐ Addition
NAME			4 2 N	AME		
STREET ADDRESS			438	TREET ADOPESS		
C-TY-ST ZIP				TY S1-ZIF		Change Addition
TITLE		DE				C or unigo C Addition
NAME			52 N			
STREET ADDRESS				THEET ADDRESS		
CITY-ST-ZIP				DT: E		☐ Change ☐ Additio
TITLE		(In	621			_
NAME				THEFT ADDRESS		
STREET ADDRESS) Tr-ST-ZIP		
CITY - ST - ZIP			1 040		. to the againstion stated in Section 1	19 07/90/ki, Florida Statutes, I further

14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 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 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 certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated in 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 certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated in this signature shall have the same legal effect as if further certific that the information indicated in this signature shall have the same legal effect as if further certific that the information indicated in the same legal effect as if further certific that the information indicated in the same legal effect as if further certific that the information indicated in the same legal effect as if further certific that the information indicated in the same legal effect as if further certific that the information in the information in

SIGNATURE: K

GNATURE AND TYPED OR PRINTED WWW OF SIGNING OFFICER OR DIRECTO

4/15/96 (310)822-2722