

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 09 1998 8:00am
Secretary of State

DOCUMENT # F72095 (5)

1. Corporation Name
VITA INTERNATIONAL, INC.



Principal Place of Business
2600 DOUGLAS RD., SUITE 303
P O BOX 14-3346
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS RD., SUITE 303
P O BOX 14-3346
CORAL GABLES FL 33134 33114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2600 Douglas Rd #303
22 P O Box 14-3346
23 CORAL GABLES, FL
24 33114
25 USA
26 2600 Douglas Rd #303
27 P O Box 14-3346
28 CORAL GABLES, FL
29 33114
30 USA

3. Date Incorporated or Qualified
03/18/1982
4. FEI Number
59-2174862
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN, MARIA C
1100 SALZEDO #3-D
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
MARIN C MARTIN
82 Street Address (P.O. Box Number is Not Acceptable)
401 OCEAN DR #1125
83
84 City
MIAMI Bch.
FL 85 Zip Code
33139

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

Martin C. Martin

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	PDS MARTIN, MARIA C	1100 SALZEDO #3-D	CORAL GABLES FL	<input type="checkbox"/>
	TD MARTINEZ, MARIA	919 SANTIAGO STREET	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		401 Ocean Dr. #1125	MIAMI Bch., FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE

Martin C. Martin

305-444-4445 7/2/98

CR2E034 (5/98)