


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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F93000003890 (1)

1. Corporation Name

PHARMAVITE CORPORATION

Principal Place of Business

15451 SAN FERNANDO MISSION BOULEVARD  
MISSION HILLS CA 91345

Mailing Address

15451 SAN FERNANDO MISSION BOULEVARD  
MISSION HILLS CA 91345-1301



3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

04/25/1996

4. FEI Number

95-2674097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS INC.  
526 EAST PARK AVE.  
STE. 200  
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIGUCHI, TATSUO	
STREET ADDRESS	15451 SAN FERNANDO MISSION BLVD	
CITY- ST- ZIP	MISSION HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAWAGUCHI, SHIGEKI	
STREET ADDRESS	2-31 OTEDORI, HIGASHI-KU	
CITY- ST- ZIP	OSAKA CITY OS	
TITLE	CDS	<input type="checkbox"/> DELETE
NAME	ROSENBERG, KENNETH M	
STREET ADDRESS	15451 SAN FERNANDO MISSION BLVD.	
CITY- ST- ZIP	MISSION HILLS CA 91345	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURDICK, HENRY	
STREET ADDRESS	15451 SAN FERNANDO MISSION BLVD.	
CITY- ST- ZIP	MISSION HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMITA, KAZUHIRO	
STREET ADDRESS	2-31 OTEDORI HIGASHI-KU	
CITY- ST- ZIP	OSAKA CITY OS	
TITLE	CFOC	<input type="checkbox"/> DELETE
NAME	VICKERS, JOHN	
STREET ADDRESS	15451 SAN FERNANDO MISSION BLVD	
CITY- ST- ZIP	MISSION HILLS CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	OTSUKA, ICHIRO
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	UCHIDA, SHUN
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: x by JOHN GARRUTO  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

(818) 837-3633