**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000003890

1. Corporation Name

PHARMAVITE CORPORATION

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90206 041 \*\*\*150.00



Principal Place	of Business	Mailing Add	ress						
15451 SAN FERNANDO MISSION BOULEVARD 15451 SAN FERNANDO MISSION				ON BOULE	VARD				
MISSION HILLS	CA 91345	MISSION HILI	LS CA 91345			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						08/26/1993			
2 0-11101	ace of Business	2a. Mailing	Address			4. FEI Number	1	Applied For	
¬ '	ace of Business	<b>⊢</b> •	-ductess			95-2674097		lot Applicable	
21	# 010	26 Suite Ar	Suite, Apt. #, etc.					Additional	
Suite, Apt.	μ, etc.	27	οι. π <sub>1</sub> οιο			5. Certifcate of Status Desired		Required	
City & State	· · · · · · · · · · · · · · · · · · ·		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	-			Trust Fund Contribution		to Fees	
Zip				Country		8. This corporation owes the current year Inti	angible		
24	25 29 30			3		Personal Property Tax. XYes No			
	9. Name and Address of Curre		<del></del>			10. Name and Address of New Registered	Agent		
				81	Name	• • • • • • • • • • • • • • • • • • •		:	
NATIONSCORP REGISTERED AGENTS INC.				82	Stroot	Address (P.O. Box Number is Not Acceptable)		-	
	EAST PARK AVE					et Address (F.O. Box Nulliber is Not Acceptable)			
STE.	200			83					
TALL	AHASSEE FL 32302 The base	Ladis of the		-	0.11		05 7ir	Code	
	· 公司的通用的			84	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508.	Florida Statutes.	the above	e-named	corporation submits this statement for the purpose of	changing if	ts registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga-	e of Florida. Such d	change was auth	orizea by	ine corp	poration's board of directors. I hereby accept the appoi	itment as r	registered	
SIGNATURE	· · ·		#10TE D		:	required when reinstation) DATE			
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE: Re	13.	t signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	PD		DELETE	1.1 TITLE			Change		
1	HIGUCHI, TATSUO	'		1.2 NAME					
NAME	15451 SAN FERNANDO MISSI	ION RIVO		1.3 STREET	. VUUDEGG				
STREET ADDRESS	MISSION HILLS CA	ION DEVD		1.4 CITY-S				l l	
CITY-ST-ZIP	D		DELETE	2.1 TITLE	1+21	D	Change	Addition	
TITLE	<u> </u>	•	2011111	2.2 NAME		MAKISE, ARTHUR	_	~	
NAME	KAWAGUCHI, SHIGEKI				*********	THE PARTY OF STATE OF			
STREET ADDRESS	2-31 OTEDORI, HIGASHI-KU			2.3 STREET		SAN FRANCISCO CA 94111			
CITY-ST-ZiP	OSAKA CITY OS	<u> </u>	DELETE	2.4 CITY-S 3.1 TITLE	3-ZIP	ZWD LEKUGING CV 11111	☐ Change	e Addition	
TITLE .	CDS		□ berric					_	
NAME	ROSENBERG, KENNETH M	IALI BULB		3.2 NAME	<b>_</b> _			ł	
STREET ADDRESS	15451 SAN FERNANDO MISS	ION BLVD.		3.3 STREE		S		ł	
CITY-ST-ZIP	MISSION HILLS CA 91345	_	C per erre	3.4. CITY-S	T-ZIP		Change	e Addition	
TITLE	D		☐ DELETE	4.1 TITLE			[ Change	Addition	
NAME	OTSUKA, ICHIRO			4, 2 NAME				ļ	
STREET ADDRESS	15451 SAN FERNANDO MISS	ion blvd.		4.3 STREE	ADDRES:	S		1	
CITY-ST-ZIP	MISSION HILLS CA	_		4.4 CITY-S	T-ZIP				
TITLE	D		☐ DELETE	5.1 TITLE			Change	e	
NAME	UCHIDA, SHUN			5.2 NAME				]	
STREET ADDRESS	ONE EMBARCADERO CENTE	R		5.3 STREE		S		ļ	
CITY-ST-ZIP	SAN FRANCISCO CA 94111			5.4 CITY-S	T-ZIP				
TITLE	CFOC		DELETE	6.1 TITLE		VICE PRESIDENT	Change	e Addition	
NAME	VICKERS, JOHN	·		6.2 NAME		LYNN GARRUTO		Į	
STREET ADDRESS	15451 SAN FERNANDO MISS	ION BLVD	· <i>'</i>	6.3 STREE	ADDRES:	15481 SAN FERNANDO MISSION	BLVD		
CiTV-ST-78P	MISSION HILLS CA	_		6.4 CITY-S	T-ZIP	MISSION HILLS CA 91345			

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, own an attastment with an address, with all other like empowered.

SIGNATURE: >

VICE PRESIDENT.