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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

METABOLIC NUTRITION INC. Principal Place of Business Mailing Address 2299 N.E. 164TH STREET P. O. BOX 60-0866 P. O. BOX 60-0868 MIAMI FL 33160 MIAMI FL 33160-0868				3. Date Incorporated or Qualified		
. Princopa' l	Place of Business	2a. Mailing Address		4. FEI Number	1 1,5,7	Applied For
Suite, Apt	t H ob	Suite, Apt. #, etc.		65-0055773		Not Applicable 75 Additional
	7, 60	27		5. Certificate of Status Desired		e Required
City & Sta	1(4)	City & State		6. Election Campaign Financing		.00 May Be
1 Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for it		ded to Fees fer s 199.032.
1	25	29 3	¬ ·	Florida Statutes	Yes No	
	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
COHEN, MURRAY J. 2299 NE 164TH ST.				dress (P.O. Box Number is Not Acceptable)		
	AMI FL 33160		51 Street Add	oress (P.O. Box Number is Not Acceptab	ole)	
			83			
			84 City		85	Zip Code
	d to the numisions of Sections 607.0	600 - d 007 d600 Ft -ld - 60 d			FL °	
 Pursuant office or agent 1 	registered agent, or both, in the Sta am famil ar with, and accept the obt	502 and 607.1506, Florida Statutes ite of Florida. Such change was aut ligations of, Section 607.0505, Flori	, the above-named cor lhorized by the corpora da Statutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	ourpose of changi of the appointmen	ng its registered it as registered
GNATURE	Signature Typics or printed many of registered a		the above-named cor thorized by the corpora da Statutes. logistered Agent signature required. 13.	rporation submits this statement for the pation's board of directors. I hereby acception when relinstaling. ADDITIONS/CHANGES TO OFFICE	DATE	
ignature 2. Iu	Signature Typic or printed frame of registrees. OFFICERS A	agent and title if applicable. (NOTE: F	13.	uired when reinstaling)	DATE	TORS IN 12
GNATURE 2. UF	Signary Types of principlinance of registred a OFFICERS A PD COHEN, MURRAY J.	agent and title if applicable. (NOTE: F	Hogistered Agent signature required. 13. 11 TITLE 1.2 NAME	uired when reinstaling)	DATE CERS AND DIREC	TORS IN 12
GNATURE TE ME REET ADDRESS	Signary Take a principlinate of registred. OFFICERS A PD COHEN, MURRAY J. 2299 N.E. 184 STREET	agent and title if applicable. (NOTE: F	Togislerad Agent signature reck. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstaling)	DATE CERS AND DIREC	TORS IN 12
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4. 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 indicates 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 is an 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED

Apr 29 1997 8:00am

Secretary of State

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