AMOUNT-DUE ON GR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

P. O. BOX 60-0866

MIAMI FL 33160

2299 N.E. 164TH STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # K25328

### METABOLIC NUTRITION INC.

METABOLIO NOTTITTON IN

Principal Place of Business

. C. DOX 60-0866

FL 33160

## FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90010 043 \*\*\*150.00

### 

DO NOT WRITE IN THIS SPACE

				06/03/1988	
2. Principal Place of Business 9 2a. Mailing Address				4. FEI Number Applied For	
2054 N.E 153R) Streets				65-0055773 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
				Fee Required	
City & State City & State City & State  City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24 つうし	62 25 US A 29 30	Country		This corporation owes the current year     Intangible Personal Property.  Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
		81	Name		
COHEN, MURRAY J			Street Address (P.O. Box Number is Not Acceptable)		
2299 NE 164111 ST.			2 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33160					
		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	- Deterior	1 TITLE		Change L Addition	
NAME		1.2 NAME		2054 N.E 153RD STREET	
STREET ADDRESS	2200 11.2. 10 1 0 11.221			2037 112 132 Ch 25 112	
CITY-ST-ZIP	VIAMI-FL 1.4 CI		-ZIP	N. Miami Ben FL 33162	
TITLE	D	2.1 TITLE		Change Addition	
NAME	OSTILITY, OTT III	2.2 NAME		2054 N.EIS3 RD Street	
STREET ADDRESS	2200 11121 101 0111221	2.3 STREET AL			
CITY-ST-ZIP		4 CITY-ST	-ZIP	N. M.ami 3ch FL 33162	
TITLE	Z. Ditter	3.1 TITLE		Change Addition	
NAME	0011211, 5111121 111	.2 NAME			
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP		4 CITY-ST	-∠IP		
TITLE	C. Dettere	2 NAME		Change Addition	
NAME			ADDDCCC		
STREET ADDRESS			ADDRESS		
CITY-ST-ZIP		4 CITY-ST	-ZIP	Change Addition	
HILE	DELETE 5.			L_3 Change L_1 Addition	

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADORESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

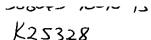
DELETÉ

7-07-99 301-948-319

Change Addition

Daytime Phone

CR2F034 (5/9





FUEL YOUR METABOLISM

6/30/99

**Divisions of Corporations** PO Box # 6327 Tallahassee, FL 32302-1500

Attn: Annual Report Section

#### To Whom It May Concern:

As per our conversation of today, Due to an incorrect address and items getting lost in the mail, my corporation has never received 1999 Profit Corporation Annual Report first notice. We had the same problem Last year. Please see documentation copies attached.

I am including a check for the amount of \$150.00.

a Gadaler

Thank you for your corporation, Should you have any questions please feel free to contact me at 305-940-0962 ext. 103.

Anna A Gadaleta

Office Manager