


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON CR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # K25328</b>		
1. Corporation Name <b>METABOLIC NUTRITION INC.</b>		

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**  
07-14-1999 90010 043 \*\*\*150.00



Principal Place of Business <b>2299 N.E. 164TH STREET</b> <b>P.O. BOX 800866</b> <b>MIAMI FL 33160</b>	Mailing Address <b>2299 N.E. 164TH STREET</b> <b>P.O. BOX 800866</b> <b>MIAMI FL 33160</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2054 N.E. 153RD Street</b>		2a. Mailing Address <b>2054 N.E. 153RD Street</b>		3. Date Incorporated or Qualified <b>06/03/1988</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0055773</b>	
City & State <b>N. Miami Beach FL</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33162</b>		Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33162</b>		25 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COHEN, MURRAY J</b> <b>2299 NE 164TH ST.</b> <b>MIAMI FL 33160</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, MURRAY J			1.2 NAME			
STREET ADDRESS	2299 N.E. 164 STREET			1.3 STREET ADDRESS	<b>2054 N.E. 153RD STREET</b>		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	<b>N. Miami Beach, FL 33162</b>		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, JAY M			2.2 NAME			
STREET ADDRESS	2299 N.E. 164 STREET			2.3 STREET ADDRESS	<b>2054 N.E. 153RD Street</b>		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	<b>N. Miami Beach, FL 33162</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, BRIAN M			3.2 NAME			
STREET ADDRESS	2299 N.E. 164 STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:**  **7-07-99 305-945-3190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



2056 NE 153  
K25328

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.

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