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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K62740 1. Corporation Name

VITAB CORPORATION

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

01-22-1999 90033 036 ***150.00

Principal Plac	ce of Business	Mailing Address	•			A IMPORTE GEN DIVID (CRES INDIA SINCE SINCE		
% ARMANDO V	VITANZA	% ARMANDO VITANZA						
3539 NW 19 TI		3539 NW 19 TER				DO MOTIVETE IN THE		
MIAMI FL 3312	25	MIAMI FL 33125				DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 01/30/1989		
	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
21	w	26				65-0114717		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	O_May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year i		
24	25	29	30			Personal Property Tax.	☐Yes	XX ^{NO}
	9. Name and Address of Curren	nt Registered Agent		04	••	10. Name and Address of New Registere	d Agent	
MTA	NZA, ARMANDO	•		81	Name			
	9 NW 19 TER			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	MI FL 33125							· · · · · · · · · · · · · · · · · ·
MILAN	WI FL 33123			83			1 -	
				84	City		85 Zi	p Code
				1	•	F	L '	
				1				
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove-	named corpo	oration submits this statement for the purpose	of changing	its registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	authorized	by th	named corpo ne corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing ointment as	its registered registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, Fl	authorized orida Stati	l by th utes.	he corporation	n's board of directors. I hereby accept the app	of changing ointment as	its registered registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agen	of Florida. Such change was tions of, Section 607.0505, Florida and title if applicable. (NOT	authorized orida Stati	l by th utes.	named corpone corporation	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was tions of, Section 607.0505, Floridand title if applicable. (NOT ID DIRECTORS	authorized orida Stati E: Registered	d by thutes.	he corporation	n's board of directors. I hereby accept the app	ointment as	registered FORS IN 12
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State im familiar with, and accept the obligation of the state of registered agent of the state of registered agent of the state of the stat	of Florida. Such change was tions of, Section 607.0505, Florida and title if applicable. (NOT	authorized orida Stati E: Registered 13.	d by thutes. Agents	he corporation	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	registered
office or r agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State im familiar with, and accept the obligation of the state of registered agents of FICERS AN ABASTIDA, JOSE LUIS DR	of Florida. Such change was tions of, Section 607.0505, Floridand title if applicable. (NOT ID DIRECTORS	authorized orida Stati E: Registered 13. 1.1 TT	Agents TLE	ne corporation	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	registered FORS IN 12
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State im familiar with, and accept the obligation of FICERS AN DABASTIDA, JOSE LUIS DR 10 CALLE B #223	of Florida. Such change was tions of, Section 607.0505, Floridand title if applicable. (NOT ID DIRECTORS	authorized orida Stati E: Registered 13. 1.1 TT	Agents TLE	he corporation	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	registered FORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im familiar with, and accept the obligation of FICERS AN DABASTIDA, JOSE LUIS DR 10 CALLE B #223 SAN PEDRO SULA, HOND	of Florida. Such change was titions of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS	E: Registered 13. 1.1 TT 12 N/ 1.3 ST 1.4 CF	Agent s TLE AME REET A	ne corporation	n's board of directors. I hereby accept the app when reinstating) DATE	ND DIREC	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State im familiar with, and accept the obligation of FICERS AN DABASTIDA, JOSE LUIS DR 10 CALLE B #223 SAN PEDRO SULA, HOND D	of Florida. Such change was tions of, Section 607.0505, Floridand title if applicable. (NOT ID DIRECTORS	E: Registered 13. 1.1 Tr 12 N/ 1.3 ST 1.4 CF	Agent s TLE AME TREET A TY-ST-2	ne corporation	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	register'ed agent, or both, in the State im familiar with, and accept the obligation of familiar with acceptance of familiar with	of Florida. Such change was titions of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS	E: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA	Agents TLE AME TY-ST-2 TLE	eignature required NODRESS	n's board of directors. I hereby accept the app when reinstating) DATE	ND DIREC	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and a state of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or	of Florida. Such change was titions of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS	E: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA	Agents TLE AME TY-ST-2 TLE	ne corporation	n's board of directors. I hereby accept the app when reinstating) DATE	ND DIREC	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	register'ed agent, or both, in the State im familiar with, and accept the obligation of familiar with acceptance of familiar with	of Florida. Such change was titions of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS DELETE	### Authorized authori	Agent s TLE AME TLE TLE TLE TLE AME TY-ST-2 TLE AME TREET AI TY-ST-2	ne corporation signature required	n's board of directors. I hereby accept the app when reinstating) DATE	ND DIREC ☐ Chang	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and a state of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or	of Florida. Such change was titions of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS	authorizec orida Stati E: Registered 13. 1.1 TI 12 N/ 13 SI 14 Cf 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 π	Agent s Agent s TLE AME TY-ST-2 TLE REET AI TY-ST-2 TLE	ne corporation signature required	n's board of directors. I hereby accept the app when reinstating) DATE	ND DIREC	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and a state of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or	of Florida. Such change was titions of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS DELETE	### Authorized authori	Agent s Agent s TLE AME TY-ST-2 TLE REET AI TY-ST-2 TLE	ne corporation signature required	n's board of directors. I hereby accept the app when reinstating) DATE	ND DIREC ☐ Chang	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and a state of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or	of Florida. Such change was titions of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS DELETE	authorizec orida Stati E: Registered 13. 1.1 TI 12 N/ 1.3 SI 1.4 Cf 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/	Agent s Agent s TLE AME TY-ST-2 TLE AME REET AI (TY-ST-	ne corporation signature required	n's board of directors. I hereby accept the app when reinstating) DATE	ND DIREC ☐ Chang	FORS IN 12 e Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and a state of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or	of Florida. Such change was tions of, Section 607.0505, Florida in and title if applicable. (NOT ID DIRECTORS DELETE	authorizec orida Stati E: Registered 13. 1.1 TI 12 N/ 13 SI 14 Cf 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 Cf	Agents Agents TLE AME REET A TY-ST-Z TLE AME REET AITY-ST-ILE AME REET AITY-ST-ILE AME REET AITY-ST-ILE	ADDRESS ADDRESS ADDRESS ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	FORS IN 12 e Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and a state of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or	of Florida. Such change was titions of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS DELETE	authorizec orida Stati E: Registered 13. 1.1 TI 12 N/ 13 S1 14 Cf 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1	Agents Agents TLE AME REET A TY-ST-Z TLE AME REET AITY-ST-ILE AME REET AITY-ST-ILE AME REET AITY-ST-ILE	ADDRESS ADDRESS ADDRESS ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	ND DIREC ☐ Chang	FORS IN 12 e Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and a state of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or	of Florida. Such change was tions of, Section 607.0505, Florida in and title if applicable. (NOT ID DIRECTORS DELETE	authorizec orida Stati E: Registered 13. 1.1 TI 12 N/ 13 SI 14 Cf 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 Cf	Agent s TLE AME REET A TY-ST-2 TLE AME REET A TY-ST-1 TLE AME REET A TY-ST-1 TLE AME	ADDRESS ADDRESS ADDRESS ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	FORS IN 12 e Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State im familiar with, and accept the obligated in familiar with, and accept the obligated of the obligation of the state of the obligation of the state of the obligation of the state of the	of Florida. Such change was tions of, Section 607.0505, Florida in and title if applicable. (NOT ID DIRECTORS DELETE	authorizecorida Stati E: Registered 13. 1.1 IT 12 N/ 13 S1 1.4 Cf 2.1 IT 2.2 N/ 2.3 S1 2.4 C 3.1 IT 3.2 N/ 3.3 S1 3.4 Cl 4.1 IT 4.2 N/	Agent s Agent s TLE MME REET AI TLY-ST-7 TLE MME REET AI TTY-ST-7 TLE MME REET AI TTY-ST-7 TLE AME REET AI TTY-ST-7 TLE AME REET AI TTY-ST-7 AME REET AI TTY-ST-7 AME	ADDRESS ADDRESS ADDRESS ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	FORS IN 12 e Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with, and a state of familiar with, and accept the obligation of familiar with accept the obligation of familiar with a second or	of Florida. Such change was tions of, Section 607.0505, Florida in and title if applicable. (NOT ID DIRECTORS DELETE DELETE	authorizecorida Stati E: Registered 13. 1.1 IT 12 N/ 13 ST 1.4 Cf 2.1 IT 2.2 N/ 2.3 ST 2.4 C 3.1 IT 3.2 N/ 3.3 ST 3.4 Cf 4.1 TT 4.2 N/ 4.3 ST 4.4 Cf	Agent s Agent	ADDRESS ZIP ADDRESS ZIP ADDRESS ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	Ointment as	FORS IN 12 e Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State im familiar with, and accept the obligated in familiar with, and accept the obligated of the obligation of the state of the obligation of the state of the obligation of the state of the	of Florida. Such change was tions of, Section 607.0505, Florida in and title if applicable. (NOT ID DIRECTORS DELETE	authorizec orida Stati E: Registered 13. 13. 1.1 TI 12 N/ 1.3 ST 1.4 Cf 2.1 TI 22 N/ 2.3 ST 2.4 Cf 3.1 TI 3.2 N/ 3.3 ST 3.4 Cf 4.1 TI 4.2 N/ 4.3 ST 4.4 Cf 5.1 TI 5.1 TI 5.1 TI 6.5 TI 7.5 TI 7	Agent s Agent s TLE AGENT S TLE AME REET A TY-ST-2 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-1 TLE TLE TLE TLE TLE TLE TLE TL	ADDRESS ZIP ADDRESS ZIP ADDRESS ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	ointment as	FORS IN 12 e Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im familiar with, and accept the obligated in familiar with, and accept the obligated of the obligation of the state of the obligation of the state of the obligation of the state of the	of Florida. Such change was tions of, Section 607.0505, Florida in and title if applicable. (NOT ID DIRECTORS DELETE DELETE	authorizecorida Stati E: Registered 13. 1.1 IT 12 N/ 13 ST 1.4 Cf 2.1 IT 22 N/ 23 ST 2.4 C 3.1 IT 3.2 N/ 3.3 ST 3.4 Cf 4.1 IT 4.2 N/ 4.3 ST 4.4 Cf 5.1 ITI 5.2 N/	Agent s Agent	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	Ointment as	FORS IN 12 e Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State im familiar with, and accept the obligated in familiar with, and accept the obligated of the obligation of the state of the obligation of the state of the obligation of the state of the	of Florida. Such change was tions of, Section 607.0505, Florida in and title if applicable. (NOT ID DIRECTORS DELETE DELETE	authorizecorida Stati E: Registered 13. 1.1 IT 12 N/ 13 ST 1.4 CF 2.1 IT 2.2 N/ 2.3 ST 2.4 C 3.1 IT 3.2 N/ 4.2 IT 4.2 N/ 4.3 ST 4.4 CF 5.1 TIT 5.2 N/ 5.3 ST	Agent s Agent s Agent s TLE AME REET A TY-ST-2 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-1 TLE AME REET AI REET AI	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	Ointment as	FORS IN 12 e Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with a second of familiar with a	of Florida. Such change was titons of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS DELETE DELETE DELETE	authorizecorida Stati E: Registered 13. 1.1 IT 12 N/ 13 ST 1.4 Cf 2.1 IT 2.2 N/ 2.3 ST 2.4 C 3.1 IT 3.2 N/ 3.3 ST 3.4 Cf 4.1 IT 4.2 N/ 4.3 ST 4.4 Cf 5.1 ITI 5.2 N/ 5.3 ST 5.4 Cf	Agent s Agent s Agent s TLE AME REET A TY-ST-7 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-2 TLE REET AI TY-ST-2 TLE REET AI TY-ST-2 TLE TY-ST-2 TRE TY-ST-2	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	Ointment as	FORS IN 12 e Addition e Addition e Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered ager OFFICERS AN D ABASTIDA, JOSE LUIS DR 10 CALLE B #223 SAN PEDRO SULA, HOND D VITANZA, MYRNA 3539 NW 19 TER MIAMI FL	of Florida. Such change was tions of, Section 607.0505, Florida in and title if applicable. (NOT ID DIRECTORS DELETE DELETE	authorizecorida Stati E: Registered 13. 1.1 IT 12 N/ 13 ST 1.4 CF 2.1 IT 2.2 N/ 2.3 ST 2.4 C 3.1 IT 4.2 N/ 4.3 ST 4.4 CF 5.1 TT 5.2 N/ 5.3 ST 5.4 CF 6.1 TT 5.1 TT 5.1 TT 5.2 N/ 5.3 ST 5.4 CF 5.1 TT 5.1 TT 5.2 N/ 5.3 ST 5.4 CF 6.1 TT 5.1 TT 5.2 N/ 5.3 ST 5.4 CF 6.1 TT 5.4 TT 5.5 TT	Agent s Agent s Agent s TLE MME REET A TY-ST-2 TLE MME REET AI TY-ST-1 TLE AME REET AI TY-ST-1 TLE MME REET AI TY-ST-2 TLE MME ME TY-ST-2 TLE ME TY-ST-2 TLE ME TY-ST-2 TLE TLE TLE TLE TLE TLE TLE TL	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	Ointment as	FORS IN 12 e Addition e Addition e Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State im familiar with, and accept the obligation of familiar with a second of familiar with a	of Florida. Such change was titons of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS DELETE DELETE DELETE	authorizecorida Stati E: Registered 13. 1.1 IT 12 N/ 13 ST 1.4 CF 2.1 IT 2.2 N/ 2.3 ST 2.4 C 3.1 IT 4.2 N/ 4.3 ST 4.4 CF 5.1 TT 5.2 N/ 5.3 ST 5.4 CF 6.1 TT 6.2 N/	Agent s Agent s Agent s Agent s TLE AME REET A TY-ST-2 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-2 TLE AME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	n's board of directors. I hereby accept the app when reinstating) DATE	Ointment as	FORS IN 12 e Addition e Addition e Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered ager OFFICERS AN D ABASTIDA, JOSE LUIS DR 10 CALLE B #223 SAN PEDRO SULA, HOND D VITANZA, MYRNA 3539 NW 19 TER MIAMI FL	of Florida. Such change was titons of, Section 607.0505, Florida and title if applicable. (NOT ID DIRECTORS DELETE DELETE DELETE	authorizecorida Stati E: Registered 13. 1.1 IT 12 N/ 13 ST 1.4 CF 2.1 IT 2.2 N/ 2.3 ST 2.4 C 3.1 IT 4.2 N/ 4.3 ST 4.4 CF 5.1 TT 5.2 N/ 5.3 ST 5.4 CF 6.1 TT 6.2 N/	Agent s Agent s Agent s Agent s TLE AME REET A TY-ST-2 TLE AME REET AI TY-ST-1 TLE AME REET AI TY-ST-2 TLE AME	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP ADDRESS	n's board of directors. I hereby accept the app when reinstating) DATE	Ointment as	FORS IN 12 e Addition e Addition e 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, with all other like empowered.

SIGNATURE:

Myrna Vitanza Jan. 08/99

305 638-1180