

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY 11 7:10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L70326 (8)

1. Corporation Name

FLORIDA NUTRITION ASSOCIATES, INC.

Principal Place of Business

**13501 S.W. 128TH ST.
SUITE 209
MIAMI FL 33186**

Mailing Address

**13501 S.W. 128TH ST.
SUITE 209
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

05/04/1990

3a. Date of Last Report

11/07/1994

4. FEI Number

65-0192325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ-CARLO, JULIO E
7831 SW 147
MIAMI FL 33193**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	GONZALEZ-CARLO, JULIO E
3. STREET ADDRESS	13501 SW 128 ST #209
4. CITY, ST, ZIP	MIAMI FL 33186
5. TITLE	TS
6. NAME	GONZALEZ, ESGARDO A
7. STREET ADDRESS	13501 SW 128 ST. #209
8. CITY, ST, ZIP	MIAMI FL 33186
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio E. Gonzalez - Pres.

5-5-95

(905) 955-7769