		e May 1, 1999 oi 00.00 LATE FEE		l Liability Co	ompany will be	.				
				Katherin	-	FILED				
Secretary of State 1999 DIVISION OF CORPORATIONS						00 APR 20 PH 5: 00				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLIMAENT # 195000000272						SECRETARY OF STAN				
1. Name and Mailing Address DOCUMENT # L95000000772 THE HEALTH CONSCIOUS FOOD COMPANY, U.S.A., L.C. 555 NE 34TH STREET, #2407 MIAMI FL 33137						1a. Principal Place of Business Address				
						555 NE 34TH STREET, #2407 MIAMI FL 33137				
2 Principal Place of Business 2a. Maili				ng Address				3a. State	3a. State of Formation	
Suite, Apl. #, etc.			Suite, Ap	Suite, Apt. #, etc.			1995 FL			
City & State			City & Sta	ate		4. FEI Number [65-0555923		Applied For Not Applicable		
Zip	Zip Country		Zip	Co	unt(y	5. Date of Last R	•		te of Status Desired	
7. Name and Address of Current Regist			t Registered	d Agent B.		Name and Address of New Regis		stered Agent/Office		
9. Pursua its registe	II FL 3:	sions of Sections 608 416	and 608.508,	Florida Statutes, th	Suite, Apt. #, etc. City	direction of the purpose of changing yaflirmative vote of a majority of the members. Thereby accept the appointment				
SIGNATURE										
10. Title Managing Members/Managers			Business Street Address			City, State and Zip Code				
diem-		•		100 S.E. 2ND STREET, SUI			1			
NGFN	NGRY WESTRATE, MARINUS A WESTSTRATE			555 NE 3414 St, #240)			33 (3)			
·								3000025530635 -04/27/9901048007 ****188.75 /****188.75		
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee oppowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.										
SIGNATURE: M. A. WESTSTRATE APRIL 15 - 1999 438-0808 SCHALLER AND THE DENMA OF SIGNING MANAGER ARE HER A CHEMANAGER Day Dryne Price 1										