

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30597

(9)

1. Corporation Name
VITARROZ CORP.



Principal Place of Business 51 PACIFIC AVENUE JERSEY CITY NJ 07304-3215	Mailing Address 51 PACIFIC AVENUE JERSEY CITY NJ 07304-3215
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1990	3a. Date of Last Report 03/26/1996
21		26		4. FEI Number 22-2935140	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 FL

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	P CEO	1.1 TITLE	PRESIDENT
NAME	FEDER, ALLAN A.	1.2 NAME	WILLIAM MATHIASON
STREET ADDRESS	51 PACIFIC AVE.	1.3 STREET ADDRESS	51 PACIFIC AVE.
CITY-ST-ZIP	JERSEY CITY NJ	1.4 CITY-ST-ZIP	JERSEY CITY NJ 07304
TITLE	SD	2.1 TITLE	
NAME	ABRAMSON, JAY B.	2.2 NAME	
STREET ADDRESS	520 MADISON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ABRAMSON, EDWIN D.	3.2 NAME	
STREET ADDRESS	85 LIVINGSTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	ZVI WEINREB	4.2 NAME	
STREET ADDRESS	51 PACIFIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 201 433-2600
Date Daytime Phone #

CR2E034 (9/96)