FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003316 (6)

1. Corporation Name
NUTRITION TODAY INC.

Principal Place of Business
2004 SOUTH UNIVERSITY DR.
DAVIE FL 33324

Mailing Address
2004 SOUTH UNIVERSITY DR.
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1992
3a. Date of Last Report: 07/27/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 1342 N. University Dr
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: 211
City & State — 23
City & State — 28: Plantation Fl
Zip — 24 / Country — 25
Zip — 29: 33322 / Country — 30: USA

4. FEI Number: 65-0367705 — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
YIBIRIN, SERGIO
5324 BUCKHEAD CIRCLE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
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 607.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	YIBIRIN, SERGIO	1.2 NAME	
STREET ADDRESS	5324 BUCKHEAD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	YIBIRIN, BERNARDO	2.2 NAME	D YIBIRIN, BERNARDO
STREET ADDRESS	5531 NW 49 TERR.	2.3 STREET ADDRESS	4650 NW 100 WAY
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	YIBIRIN, ROSARIO	3.2 NAME	D YIBIRIN ROSARIO
STREET ADDRESS	5531 NW 49 TERR.	3.3 STREET ADDRESS	4650 NW 100 WAY
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, GINETH	4.2 NAME	
STREET ADDRESS	5326 BUCKHEAD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4/19/95 305-452-3727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232380 CP