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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000055661

1. Corporation Name

MAED CORPORATION

				- -		
Principal Place of Business		Mailing Address				
GENERAL NUTRITION CENTERS		GENERAL NUTRITION CENTERS				
13710-E SW 56 ST		13710-E SW 56 ST			DO NOT WRITE IN THIS SPACE	
MIAMI FL 33175		MIAMI FL 33175 US			3. Date Incorporated or Qualifed	\neg
US		US			08/06/1993	
- D: : 1D		a Mailing Address			4 FEI Number Applied For	\dashv
2. Principal Place of Business		2a. Mailing Address			65-0430263 Not Applicable	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	Ħ
		27			5. Certificate of Status Desired Fee Required	\downarrow
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	ヿ
23		28			Trust Fund Contribution Added to Fees	
Zip Country			Zip Country		8. This corporation owes the current year Intangible	\neg
24	25	⊢ '	30	•	Personal Property Tax. ☐ Yes ☐ No	
24	9. Name and Address of Curr				10. Name and Address of New Registered Agent	
	5. Hamo ana Madeos S. Sec.		- 1	1 Name		
ESPI	NOSA, EDGAR J		ļ.,	0 0 1	(D.C. Davidson in Not Accordable)	-
13710-E SW 56 ST			'	Street	et Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33175			1	33		
						_
			1	City	FL 85 Zip Code	
A. Durana	to the provisions of Eastions 607.0	602 and 607 1508 Florida Statute	e the sh	we-named	od corporation submits this statement for the purpose of changing its registered	\dashv
office or re	agietared agent or both in the Sta	ite of Florida. Such change was at	uthorized i	ov the com-	rporation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statut	es.		
SIGNATURE		21075	Decimend A	aant ajanatura l	re required when reinstating) DATE	1
	Signature, typed or printed name of registered a	AND DIRECTORS	13.	gent signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	DELETE	1.1 TITL		☐ Change ☐ Addition	on
	•		1.2 NAN			
NAME	ESPINOSA, EDGAR J					
STREET ADDRESS	13710 SW 56ST #E			EET ADDRESS	33	i
CITY-ST-ZIP	MIAMI FL 33175	☐ DELETE	2.1 TITL	-ST-ZIP	☐ Change ☐ Addition	on l
TITLE	P	LI DECETE	1			
NAME	ESPINOSA, MARCO A		2.2 NAM			ı
STREET ADDRESS	13710 SW 56ST #E			EET ADDRESS	SS	
CITY-ST-ZIP	MIAMI FL 33175		_	Y-ST-ZIP	☐ Change ☐ Addition	-
TITLE		☐ DELETE	3.1 TITL			"
NAME			3.2 NAM	E		- (
STREET ADDRESS			3.3 STR	EET ADDRESS	35	- !
CITY-ST-ZIP			_	Y-ST-ZIP		⊣
TITLE		☐ DELETÉ	4.1 TITL	E	☐ Change ☐ Addition	301
NAME			4 2 NAJ	ΛE		ĺ
STREET ADDRESS			43 STR	EET ADDRESS	SS	- {
CITY-ST-ZIP			44 CIT	-ST-ZIP		_
TITLE		☐ DELETE	5.1 TITL	E	☐ Change ☐ Addition)n
NAME			5.2 NAM	IE .		
STREET ADDRESS			5.3 STR	EET ADDRESS	ss	
CITY-ST-ZIP			5.4 CIT	-ST-ZIP		_
TITLE		☐ DELETE	6.1 TITL	E	☐ Change ☐ Addition	n
NAME			6.2 NAM	IE .		
STREET ADDRESS			6.3 STR	EET ADDRESS	ss	ł

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this ting 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 received or justee 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.