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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 23 1997 8:00am

Secretary of State

(305)262-6666

Daytima Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P9400002865 (1)

	. NUTRITION, INC.					
Principal Place	e of Business	Mailing Address		I LOOPHEAL THE LOOM BINDY BOWN BOLLL OF	(12 MB141 MB11 4 (1864 (M110 M1	IA1 BIH 1881
1943 S.W. R. S. MIAMI FL 3313		— 1943 S.W. B.ST. — MIAMI FL-00105 0315			*	
				Date Incorporated or Qualified 01/12/1994	3a. Date of Last I 11/22/1996	Report
	lace of Business	2a, Mailing Address		4. FEI Number	I A	pplied For
	Coral Way	26 7811 Cora	ıl Way	65-0459655	N	lot Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 4 +	Additional
22 #1.3.1 City & State		27 #131 City & State				lequired
		2	_	6. Election Campaign Financing	_	May Be
MAIMI MAIMI	Country	- ZE MIAMI, FI	Country	Trust Fund Contribution		to Fees
4 33155	DADE	29 33155	30 DADE	This corporation has liability for Florida Statutes	Thianglole bix under t ☐ Yes X No	s. 199.032,
	g. Name and Address o	of Current Registered Agent	The state of the s	10. Name and Address of New Ro		
GAR	ICIA, LAZARO		81 Name			
12531 N.W. 7 LN.			82 Street A	82 Street Address (P.O. Box Number is Not Accep		
MIAI	MI FL 33182			Table of the post tallings in the thought		
			83			
			84 City		85 Zip	Code
FF 14.81						
office or re agent. Lar	to the provisions of Sections egistered agont, or both, in t m familiar with, and accept t	607.0502 and 607.1508, Fiorida Stathe State of Florida. Such change was the obligations of, Section 607.0505,	tutes, the above-named on authorized by the corp Florida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing lipt the appointment as	its registered s registered
	Signal tell typed or printed hade of rec	g stered agent and little of applicable (N	IOTE: Registered Agent signature	required when remaining)	DATE	
	Signal, rel typed or printed name of rec OFFIC	gistered agent and little of applicable (N ERS AND DIRECTORS	OTE: Registered Agent algnature		DATE CERS AND DIRECTOR	RS IN 12
12.	OFFIC	······································		required when re-neteting) ADDITIONS/CHANGES TO OFFI		The second second
12. TOLE	OFFIC P Garcia, Lazaro	CERS AND DIRECTORS	13.		CERS AND DIRECTO	
12. TOLE NAME	OFFIC P GARCIA, LAZARO 12531 N.W. 7 LN.	CERS AND DIRECTORS	13. 1.1 TITLE		CERS AND DIRECTO	The second second
12. TULE NAME STREET ADDRESS	OFFIC P Garcia, Lazaro	EHS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		CERS AND DIRECTO	The second second
12. Tille Name Street Address City S1-219	OFFIC P GARCIA, LAZARO 12531 N.W. 7 LN.	CERS AND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS		CERS AND DIRECTO	Addition
12. THE NAME STREET ADDRESS CITY S1-219 THE	OFFIC P GARCIA, LAZARO 12531 N.W. 7 LN.	EHS AND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		CERS AND DIRECTO	Addition
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LAZARO GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR