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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000005022 (6)

1. Corporation Name  
INTERNATIONAL NUTRITIONAL SERVICE SYSTEM, INC.



Principal Place of Business  
3000 N OCEAN DR  
APT 29H  
SINGER ISLAND FL 33404

Mailing Address  
3000 N OCEAN DR  
APT 29H  
SINGER ISLAND FL 33404-3249

3. Date Incorporated or Qualified 01/21/1994  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 3000 N.Ocean Dr.  
2a. Mailing Address  
26 c/o G. Moss, C.P.A.

4. FEI Number 65-0474389  
Applied For Not Applicable

22 Suite, Apt #, etc. Apt. 29 H  
27 Suite #508  
12000 Biscayne Blvd.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Singer Island, Fl. 33404  
27 Miami, Fl. 33181

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country  
25 Country  
29 Zip Country  
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEYDASCH, AXEL ESQ  
100 N BISCAYNE BLVD 30TH FLOOR  
SUITE 440  
MIAMI FL 33132

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRUBER, WOLFGANG	
STREET ADDRESS	3000 N OCEAN DR APT 29H	
CITY - ST - ZIP	SINGER ISLAND FL 33404	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GRUBER, GABRIELE	
STREET ADDRESS	3000 N OCEAN DR APT 29H	
CITY - ST - ZIP	SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

*W. Gruber* 1/16/97

CR2E034 (9/96)