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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 C/O G. MOSS, C.P.A. 12000 BISCAYNE BLVD, STE #508 MIAMI, FL 33181 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified 01/21/1994 4. FEI Number 65-0474389 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent HEYDACH, AXEL BOG 100 N BISCAYNE BLVD 30TH FLOOR SUITE 440 MIAMI, FL 33132

10. Name and Address of New Registered Agent 81 Name MOSS, GERARD G. 82 Street Address (P.O. Box Number Is Not Acceptable) c/o Franz & Beame, P.A. 83 12000 Biscayne Blvd. # 508 84 City Miami FL 85 Zip Code 33181

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 DATE 3/19/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for Officers and Directors. Columns: TITLE NAME, STREET ADDRESS, CITY - ST - ZIP, and a DELETED checkbox.

Table with 6 rows for Additions/Changes. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY - ST - ZIP, and checkboxes for Change and Addition.

14. I 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] 1.29.99 PRES. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)