

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 1:33

DOCUMENT # P94000026111 (2)

1. Corporation Name
NOMAD NUTRITION, INC.

Principal Place of Business Mailing Address
~~7313 NW 25TH ST.~~ ~~7016 NW 25TH ST.~~
~~MIAMI FL 33122~~ ~~MIAMI FL 33122~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2068 SW 138th Ct.		2a. Mailing Address 26 7208 NW 25th St.		3. Date Incorporated or Qualified 04/05/1994	3a. Date of Last Report
22 MIAMI - FL		27 MIAMI - FL 33122		4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
23 33175		28		5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORA, JOSE E 2068 S.W. 138TH COURT MIAMI FL 33175				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 Zip Code	

12. 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 _____
Signature (Typed or printed name of registered agent and title acceptable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, YECID D	1.2 NAME	
STREET ADDRESS	2068 S.W. 138TH COURT	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33175	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, JOSE E	2.2 NAME	
STREET ADDRESS	2068 S.W. 138TH COURT	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33175	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

REMITTED BY MAY 1

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 110.07(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 officer 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: Yecid D Mora **YECID D MORA, Pres. 3/29/95 305-227-2218**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date)