


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**APPROVED
AND
FILED**

1996 SEP -6 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA4000002611
 1. Corporation Name
NOMAD NUTRITION, INC.

200001952312
 -09/20/96--01014--006
 ****225.00 ****225.00

Principal Place of Business Mailing Address (same)
2068 S.W. 138 CT
Miami Fla
33175

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt #, etc	26	Suite, Apt #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
	Country	29	Country
		30	

3	Date Incorporated or Qualified	3a	Date of Last Report
			<u>1995</u>
4	FBI Number		Applied For
			<input checked="" type="checkbox"/> Not Applicable
5	Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032 Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

81	Name	<u>YECID D. MORA</u>
82	Street Address (P.O. Box Number is Not Acceptable)	<u>2068 S.W.</u>
83		<u>138 CT.</u>
84	City	<u>Miami</u>
	State	<u>FL</u>
85	Zip Code	<u>33175</u>

10. Name and Address of New Registered Agent

81	Name	<u>YECID D. MORA</u>
82	Street Address (P.O. Box Number is Not Acceptable)	<u>2068 S.W.</u>
83		<u>138 CT.</u>
84	City	<u>Miami</u>
	State	<u>FL</u>
85	Zip Code	<u>33175</u>

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 607.0506, Florida Statutes.

SIGNATURE Yecid D. Mora **YECID D. MORA - PRESIDENT** 9/4/96
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<u>PRE Yecid D. Mora</u>
STREET ADDRESS	<u>2068 S.W. 138 CT.</u>
CITY - ST - ZIP	<u>Miami Fla 33175</u>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, 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 - President** 9/4/96 (305) 477-3956
(NOTE: Registered Agent signature required when reinstating.) DATE

CR2E034 (3/96)