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

APPROVED AND FILED

95 MAR 10 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001427977
-03/13/95--01055--014
****200.00 ****200.00

DOCUMENT # P94000037971)

1. Corporation Name
RL Nutricare Corp.

Principal Place of Business	Mailing Address
10508 W Flagler St Suite 114 Miami FL 33174	10508 W Flagler St Suite 114 Miami FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1900 Coral Way	26 1900 Coral Way
22 Suite, Apt. #, etc. Suite 204	27 Suite, Apt. #, etc. Suite 204
23 City & State Miami FL 33145	28 City & State Miami FL
24 Zip 33145 25 Country DADE	29 Zip 33145 30 Country DADE

4. FEI Number: 65-0492118 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Ronny Leon
10508 W Flagler St
Suite 114
Miami FL 33174

10. Name and Address of New Registered Agent

81 Name: Marlene Carballosa
82 Street Address (P.O. Box Number is Not Acceptable): 7565 SW 153rd Ct #102
83
84 City: Miami FL 85 Zip Code 33193

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. Each 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: X _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Additio
NAME	Marlene Carballosa	12 NAME	
STREET ADDRESS	7565 SW 153rd CT # 102	13 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33193	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Additio
NAME	Alejandro Perez	22 NAME	
STREET ADDRESS	601 SW 57 Ave	23 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33144	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Additio
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Additio
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Additio
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Additio
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

955 3/10/95

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)(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 above, or on an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0186005 CR