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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Samuel B. Wooten
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAR 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059819 (0)

1. Corporation Name

R & V NUTRITION CORP.

Principal Place of Business

6555 NW 36TH ST SUITE 201D
MIAMI FL 33166

Mailing Address

6555 NW 36TH ST SUITE 201D
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2b. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0511377

Applied For

New Application

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. The corporation has liability for intangible tax under § 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, GENOVEVA
6555 NW 36TH ST SUITE 201D
MIAMI FL 33166

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title of agent.

Signature, typed or printed name of registered agent and title of agent.

12. OFFICERS AND DIRECTORS

TITLE D
NAME RODRIGUEZ, GENOVEVA
STREET ADDRESS 6555 NW 36TH ST SUITE 201D
CITY-ST- ZIP MIAMI FL 33166

TITLE D
NAME DEL VALLE, MANUEL E JR
STREET ADDRESS 6555 NW 36TH ST SUITE 201D
CITY-ST- ZIP MIAMI FL 33166

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST- ZIP

600001438446

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****200.00 ****200.00

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 119.02(9)(b), 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

Date:

Signature Number: