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 MAY 25 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001501092
-05/30/95--01028--004
****225.00 ****225.00

DOCUMENT # P94000094215 (8)

1. Corporation Name
PREMIERE VITAMIN CORP.

Principal Place of Business	Mailing Address
1130 WASHINGTON AVE. 7TH FLOOR MIAMI BEACH FL 33139	1130 WASHINGTON AVE. 7TH FLOOR MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1994
3a. Date of Last Report:

2. Principal Place of Business (21) — Suite, Apt. # etc. (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite, Apt. # etc. (27) — City & State (28) — Zip (29) — County (30)

4. FEI Number: [X] 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

7. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	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 (Typed or Printed Name of Registered Agent and Title if Applicable) (Registered Agent's Signature Required for Filing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE D NAME HANE, JORGE STREET ADDRESS 1130 WASHINGTON AVE., 7TH FLOOR CITY ST ZIP MIAMI BEACH FL 33139	11 TITLE [ ] Change [ ] Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE D NAME MORENO, ELSA STREET ADDRESS 2960 CORAL WAY CITY ST ZIP MIAMI FL 33145	21 TITLE [ ] Change [ ] Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE [ ] Change [ ] Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE [ ] Change [ ] Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE [ ] Change [ ] Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE [ ] Change [ ] Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I declare (or certify, that the information indicated on this 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

Wendy Clark (305) 531 2299
Date Daytime Phone #

0000717 FP

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DIVISION OF CORPORATIONS

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95 MAY -1 ... 1:50

200001498582
-05/24/95--01085--012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000002876

1. Corporate Name

SEA QUESTER, INC.

Principal Place of Business / Mailing Address

735 N.E. 3rd Avenue
Fort Lauderdale, FL 33304

3. Date Incorporated or Qualified: 12-30-94
3a. Date of Last Report: n/a

2. Principal Place of Business:

2a. Mailing Address: 64 Isle of Venice
City & State: Ft. Lauderdale, FL
Zip: 33304

4. FEI Number: 65-054208 — 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

William D. Tucker, Esq.
735 N.E. 3rd Avenue
Fort Lauderdale, FL 33304

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL — 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Title: President, Treasurer
Name: Roger L. Clark, Esq
Street Address: 735 N.E. 3rd Avenue Ft. Laud, FL
City-St-Zip: 33304

Title: Secreary
Name: William D. Tucker, Esq.
Street Address: 735 N.E. 3rd Avenue
City-St-Zip: Ft. Lauderdale, FL 33304

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank) ☐ Change ☐ Addition

REMITTED BY MAY 1

T/S. 5/13/95

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(1)(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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb 14 1995

Daytime Phone #