

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #  
1. Corporation Name

*P94000094215*

**PREMIER VITAMINS CORP.**

Principal Place of Business

Mailing Address

**1790 CORAL WAY  
SUITE 200  
MIAMI, FL 33145**

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SUITE 200  
MIAMI, FL 33145**

3. Date Incorporated or Qualified  
**12/30/94**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0560481**

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

10. Name and Address of New Registered Agent

**GLORIA E. MARTIN  
1790 CORAL WAY - SUITE 200  
MIAMI, FL 33145**

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

*Gloria Martin*

**GLORIA MARTIN**

**4/10/96**

Signature, typewritten or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signat. is required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>CHAIRMAN OF THE BOARD</b> <input type="checkbox"/> DELETE
NAME	<b>Amancio V. Suarez</b>
STREET ADDRESS	<b>7280 Lago Drive West</b>
CITY-ST-ZIP	<b>Miami, FL 33143</b>
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>Jorge Hane</b>
STREET ADDRESS	<b>540 Brickell Key Dr. apt. 819</b>
CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<b>SECRETARY/DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>Amancio J. Suarez</b>
STREET ADDRESS	<b>158 Isla Dorada Blvd.</b>
CITY-ST-ZIP	<b>Miami, FL 33143</b>
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>Gloria Martin</b>
STREET ADDRESS	<b>3427 N.W. 14 St.</b>
CITY-ST-ZIP	<b>Miami, FL 33125</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>JACOBO EPELBOIM</b>
STREET ADDRESS	<b>1340 SUNSET SPRING DR.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33326</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**700001794587**  
**-04725796--01057--021**  
**\*\*\*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 119.07(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 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

**April 10, 1996**

**(305) 856-9160**

CR2E034 (12/95)