

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007969 (5)

1. Corporation Name

USA NUTRITIONAL TRACKING, INC.



Principal Place of Business

Mailing Address

1474 N.E. 130 STREET
N. MIAMI FL 33161

1474 N.E. 130 STREET
N. MIAMI FL 33161

2. Principal Place of Business

2a. Mailing Address

21 1271-101 ST

26 PO BOX 546440

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Bay Harbor Islands, FL

27 MIAMI, FL

23 33154

Country

28 33154-0440

Country

24 USA

25

29

30

3. Date Incorporated or Qualified

01/26/1995

3a. Date of Last Report

4. FEI Number

65-0559049

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

GOLDEN, RICHARD A
11900 BISCAYNE BLVD., STE. 301
NORTH MIAMI FL 33181

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 type for principal officer, registered agent, and director only

(Both Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DUBOFF, GARY
STREET ADDRESS 1474 N.E. 130 STREET
CITY-ST-ZIP N. MIAMI FL 33161

DELETE

TITLE DST
NAME DUBOFF, CARYN
STREET ADDRESS 1474 N.E. 130 STREET
CITY-ST-ZIP N. MIAMI FL 33161

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

1271-101 ST.
BAY HARBOR ISLANDS, FL 33154

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

1271-101 ST.
BAY HARBOR ISLANDS, FL 33154

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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 name address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY DUBOFF

8/6/96

305/866-6789

CR2E034 (3/96)