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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000050046 (8)

1. Corporation Name:
VITA INVESTMENTS, INC.



Principal Place of Business
C/O SANCHEZ & ASSOCIATES
601 BRICKELL KEY DR. SUITE #200
MIAMI FL 33131

Mailing Address
C/O SANCHEZ & ASSOCIATES
601 BRICKELL KEY DR. SUITE #200
MIAMI FL 33131-2652

3. Date Incorporated or Qualified 06/27/1995	3a. Date of Last Report 03/28/1996
4. FEI Number 65-0590212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 425 E RIVO A/TO DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 425 E RIVO A/TO DRIVE Suite, Apt. #, etc.
22 City & State 23 MIAMI Beach FL	27 City & State 28 MIAMI Beach FL
24 Zip FL Country USA	29 Zip 33139 Country USA

9. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **VICTORIA SECADA**
82 Street Address (P.O. Box Number is Not Acceptable)
425 EAST RIVO A/TO DRIVE
83
84 City **MIAMI Beach FL** 85 Zip Code **33139**

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: *Victoria Secada* DATE: **2/28/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SECADA, JOSE	
STREET ADDRESS	C/O JUAN CARLO SANCHEZ 601 BRICKELL KEY DR	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SECADA, VICTORIA	
STREET ADDRESS	C/O JUAN CARLO SANCHEZ 601 BRICKELL KEY DR	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	425 E RIVO A/TO DRIVE
1.4 CITY - ST - ZIP	MIAMI Beach FL 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	425 E RIVO A/TO DRIVE
2.3 STREET ADDRESS	MIAMI BEACH FL 33139
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	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address

SIGNATURE: *Victoria Secada* DATE: **2/28/97** DISCLOSURE PHONE: **305-5343242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)