FILE NOW. FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 28 1997 8:00am
Secretary of State

DOCUMENT # P95000053192 (7)

1. Corporation Name

VIDA VIVA NATURAL PRODUCTS, INC.

Principal Place of Business
1490 S. MIAMI AVE.
MIAMI FL 33130

Mailing Address
1490 S. MIAMI AVE.
MIAMI FL 33130

3. Date Incorporated or Qualified: 07/11/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1920 E. Hallandale Beach Blvd.
Suite, Apt. #, etc. 22 Suite 604
City & State 23 Hallandale, Florida
Zip 24 33009 County 25 Broward

2a. Mailing Address
26 1920 E. Hallandale Beach, Blvd.
Suite, Apt. #, etc. 27 Suite 604
City & State 28 Hallandale, Florida
Zip 29 33009 County 30 Broward

4. FEI Number: 65-0596146 ☐ 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

MUHARRAM, FERNANDO C.L.
1490 S. MIAMI AVE.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: Ary B. Gusmao Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 208 Three Island Blvd. Ste. 103
83
84 City: Hallandale FL 85 Zip Code: 33009

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] Ary B. Gusmao 03/19/97
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ ☒ DELETE	1 TITLE	PD ☒ Change ☐ Addition
NAME	~~MUHARRAM, FERNANDO C.L.~~	12 NAME	Arthemide B. Gusmao
STREET ADDRESS	~~540 BRICKELL KEY DR., #706~~	13 STREET ADDRESS	Al. Lorena 484 Apt. 94B
CITY-ST-ZIP	~~MIAMI FL 33131~~	14 CITY-ST-ZIP	Jd. Paulista, Brazil 01424-000
TITLE	SD ☒ DELETE	21 TITLE	D ☒ Change ☐ Addition
NAME	~~MUHARRAM, ADHEMAR M~~	22 NAME	Ary B. Gusmao Jr.
STREET ADDRESS	~~540 BRICKELL KEY DR., #700~~	23 STREET ADDRESS	208 Three Island Blvd. Ste. 103
CITY-ST-ZIP	~~MIAMI FL 33131~~	24 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	500002127615
STREET ADDRESS		53 STREET ADDRESS	-03/28/97--01120--034
CITY-ST-ZIP		54 CITY-ST-ZIP	***165.00
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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] 03/19/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE