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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90163 050 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000053192

1. Corporation Name

VIDA VIVA NATURAL PRODUCTS, INC.



Principal Place of Business 1920 E. HALLANDALE BEACH STE 617 HALLANDALE FL 33009 US	Mailing Address 1920 E. HALLANDALE BEACH STE 617 HALLANDALE FL 33009 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 34 SE 2nd. Ave.		2a. Mailing Address 26 34 SE 2nd. Ave.		3. Date Incorporated or Qualified 07/11/1995	
Suite, Apt. #, etc. 22 STE. 217		Suite, Apt. #, etc. 27 STE. 217		4. FEI Number 65-0596146	
City & State 23 MIAMI, FL		City & State 28 MIAMI, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33131		Zip 29 33131		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DE-GUSMAO, ARY B JR.
208 THREE ISLAND BLVD. STE. 103
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSMAO, ARTHEMIDE B	1.2 NAME	
STREET ADDRESS	AL. LORENA 484 APT. 94 B	1.3 STREET ADDRESS	
CITY-ST-ZIP	JO. PAULISTA BRAZIL 01424-000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSMAO, ARY B	2.2 NAME	
STREET ADDRESS	208 THREE ISLAND BLVD. STE. 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SD
STREET ADDRESS		3.3 STREET ADDRESS	GUSMAO LUCIMARA
CITY-ST-ZIP		3.4 CITY-ST-ZIP	208 Three Island Blvd. STE. 103
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

ARY B GUSMAO

3/01/99

Date

Daytime Phone #

CR2E034 (11/98)