

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000072905 (9)**

1. Corporation Name  
**MARIC NUTRITION, INC.**

Principal Place of Business

**15480 NW 77 CT.  
MIAMI FL 33193  
US**

Mailing Address

**15480 NW 77 CT.  
MIAMI FL 33193  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>15478 SW 62 ST</b>
22 City & State	27
23 Zip	28 <b>Miami FL</b>
24 Country	29 <b>FL 33193</b>
25	30 <b>FL 33193</b>

3. Date Incorporated or Qualified <b>09/21/1995</b>	4. FEI Number <b>65-0604878</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MONTALVAN, RICARDO  
15472 S.W. 62 STREET  
MIAMI FL 33193**

10. Name and Address of New Registered Agent

81 Name	<b>Montalvan Ricardo</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>15478 SW 62 ST</b>
83	
84 City	<b>Miami FL</b>
85 Zip Code	<b>33193</b>

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

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTALVAN, RICARDO</b>	
STREET ADDRESS	<b>15478 SW 62 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTALVAN, MARCELO</b>	
STREET ADDRESS	<b>674 N.W. 102ND PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
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	
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	

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.

SIGNATURE:

**Ricardo Montalvan (Ricardo Montalvan 3-23-98 (305) 385-7774**

CR2E034 (10/97)