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FILED

Apr 14 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 # P96000002448 (4)

1. Corporation Name

NEW AGE NUTRITION, INC.

Principal Place of Business

4450 NW 79 AVE APT 1D
MIAMI FL 33168

Mailing Address

4450 NW 79 AVE APT 1D
MIAMI FL 33168-6309



3. Date Incorporated or Qualified

01/09/1996

3a. Date of Last Report

N/A

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 17100 Collins Ave

26 17100 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #111

27 #111

City & State

City & State

23 N. Miami Beach, FL

28 N. Miami Beach, FL

Zip

Country

Zip

Country

24 33160

25 U.S.A.

29 33160

30 U.S.A.

9. Name and Address of Current Registered Agent

BEGUIRSTAIN, EDUARDO
4450 NW 79 AVE APT 1D
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name EDUARDO BEGUIRSTAIN

82 Street Address (P.O. Box Number is Not Acceptable)
17100 Collins Ave #111

83

84

City N. Miami Beach

FL

85 Zip Code
33160

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

Edmundo Beguirstain Secretary

(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 PD ☐ DELETE

NAME BUBBOLA, JIMMY
STREET ADDRESS 3888 NE 169 ST APT 205
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE TD ☐ DELETE

NAME MARTINEZ, MARIA E
STREET ADDRESS 300 BAYVIEW DR APT 616
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE SD ☐ DELETE

NAME BEGUIRSTAIN, EDUARDO
STREET ADDRESS 4450 NW 79 AVE APT 1D
CITY-ST-ZIP MIAMI FL 33168

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Edmundo Beguirstain REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-97

Date

(305) 643-5340

Daytime Phone #

0 1992

CR2E034 (9/96)