

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

**FILED**  
**Aug 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morghan</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000004858**  
 1. Corporation Name  
**NUTRI-CEUTICALS, INC.**

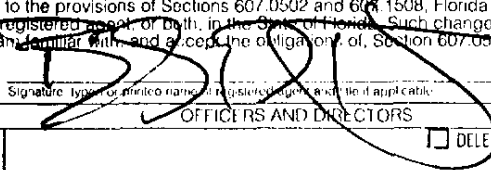
Principal Place of Business Mailing Address **same**  
**2101 NW 33rd Street, Suite 2000A**  
**Pompano Beach, FL 33069**

3. Date Incorporated or Qualified <b>01/16/96</b>	3a. Date of Last Report
4. FEI Number <b>65-0638932</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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81. Name	<b>Barry Berkowitz</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>17782 Heather Ridge Lane</b>		
				83.			
				84. City	<b>Boca Raton</b>	85. Zip Code	<b>FL 33498</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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **8/12/97**

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>V De Carvalho, Roberto Porto</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>2101 NW 33rd Street, Suite 2000A</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>P Moyses Levy</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2101 NW 33rd Street, Suite 2000A</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>V Barry J. Berkowitz</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2101 NW 33rd Street, Suite 2000A</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>V Melvyn Steinberg</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2101 NW 33rd Street, Suite 2000A</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>000002274070</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-08/21/97--01002--032</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***550.00</b>

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: **Roberto Porto De Carvalho, Vice President** 7/21/97 954-977-4454

CR2E034 (9/96)