

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

FILED  
Aug 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morghan Secretary of State DIVISION OF CORPORATIONS
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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 01/16/96 3a. Date of Last Report

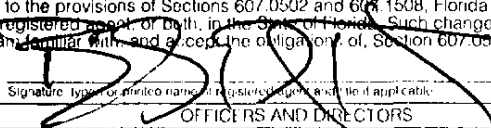
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0638932	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Barry Berkowitz
82 Street Address (P.O. Box Number is Not Acceptable)	17782 Heather Ridge Lane
83	
84 City	Boca Raton FL 85 Zip Code 33498

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 607.0605, Florida Statutes.

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

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

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