

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

FILED

**May 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000004858 (2)
 1. Corporation Name
NUTRI-CEUTICALS, INC.



Principal Place of Business 2101 NW 33RD STREET, STE. 2000A POMPANO BEACH FL 33069	Mailing Address 2101 NW 33RD STREET, STE. 2000A POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/16/1996	
4. FEI Number 65-0638932	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BERKOWITZ, BARRY
17782 HEATHER RIDGE LANE
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name BARRY BERKOWITZ	
82 Street Address (P.O. Box Number is Not Acceptable) 2101 NW 33RD STREET	
83 SUITE 2000-A	
84 City POMPANO BEACH	85 Zip Code FL 33069

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **BARRY J. BERKOWITZ** *[Signature]* **4/28/98**

Signature typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	DE CARVALHO, ROBERTO PORTO
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	P <input type="checkbox"/> DELETE
NAME	LEVY, MOYSES
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	V <input type="checkbox"/> DELETE
NAME	BERKOWITZ, BARRY J
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	V <input type="checkbox"/> DELETE
NAME	STEINBERG, MELVYN
STREET ADDRESS	2101 NW 33RD STREET, SUITE 2000A
CITY-ST-ZIP	POMPANO BEACH FL 33069
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 **BARRY J. BERKOWITZ** *[Signature]* **4/28/98** **064-977-4400**

CR2E034 (10/97)