

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031378 (8)

1. Corporation Name

NUTRITION GLOBE CORPORATION

Principal Place of Business

1221 BRICKELL AVE.
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE.
MIAMI FL 33131-3224

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 1221 Brickell Avenue

Suite, Apt. #, etc.

22 24th Floor

City & State

23 Miami, Florida 33131

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1221 Brickell Avenue

Suite, Apt. #, etc.

27 24th Floor

City & State

28 Miami, Florida 33131

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

04/10/1996

3a. Date of Last Report

4. FEI Number

✓ 65-0765031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN, PEDRO A
% GREENBERG, TRAUIG, HOFFMAN LIPOFF
1221 BRICKELL AVE.
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
Martin, Pedro A., Greenberg, Traurig, et al
82 Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Avenue, 24th Floor
83
84 City
Miami FL 85 Zip Code
33131

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 Pedro A. Martin

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

7/18/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D CALIERNO, OSVALDO A
STREET ADDRESS
% 1221 BRICKELL AVE.
CITY-ST-ZIP
MIAMI FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

200002245712--9

-07/23/97--01123--003

****385.00 ****385.00

200002245712--9

-07/23/97--01123--004

****165.00 ****165.00

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

OSVALDO A. CALIERNO

7-18-97

CR2E034 (9/96)