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 # P9600033559 (1)

AMAZON NUTRITIONAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



MIAMI FL 33173		MIAMI FL 33173-4958			
				Date Incorporated or Qualified 04/17/1996	3a. Date of Last Report
	lace of Business	2a, Mailing Address	·	4. FLI Number	✔ Applied For
218272	OI ESTHER DRIV		HER DRIVE		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & State	<u> </u>	City & State			
23 BONI		28 BONITA SPI	RINGS P	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<u> 24 341;</u>	35 25		00cmiy		Yes No
***	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Ro	gistered Agent
Membrier Charles					
	ALMERIA AVENUE		82 Street A	ddress (P.O. Box Number is Not Access a	ble)
CUR	RAL GABLES FL 33134		83 713	0 30 111 0	UVRI
!			84)(n)'	FL 85 33773
44 Purcupat	to the provisions of Spetions 607.0502	and 607 1508 Florida Statutor	the above named of	corporation submits this statement for the	
office or r	egistered agent or both, in the State of	I Florida. Such change was au	thorized by the corpo	corporation submits this statement for the pration's board of directors. I hereby acco	pt the appointment as registered
agent. I am Jumpiar with June accept the obtgatums of, Section 607. This Florida Statutes.					
SIGNATURE	Signature, typed or printed rame of registered agent	umanasev	Registered Agent signature for	equited when reinstation)	rijog ji i
12.	OFFICERS AND		19.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	11111111	PD	Change Addition
NAME	DUMANOSKI, ANTHONY W		12 NAME	DUMANOSKI, ANtho	NY W.
STREET ADDRESS	8035 SOUTHWEST 107TH AVE	NUE, SUITE 319	1.3 STREET ADDRESS	7130 SW 111 COU	TOT -
CITY-SY-ZIP	MIAMI FL 33173		1.4 CITY - ST - ZIP	miemi EL	3317.3
TITLE	SIDS	☐ DELETE	2.1 TITLE	TD	Change Addition
NAME	SCHWARTZ, CHARLES L		2.2 NAME	SAME	
STREET ADDRESS	8035 SOUTHWEST 107TH AVE	NUE, SUITE 319	2.3 STREET ADDRESS	SIME.	
CITY-ST-ZIP	MAMI FL 33173		2. 4 CITY-\$1-ZIP		,
TITLE		☐ DITETE	3.1 YOLE	SD o	☐ Change ☐ Addition
NAME			3.2 NAME	SLADYS PARODI	
STREET ADDRESS				27201 ESTHER DR	uve
CITY - ST - ZIP			3.4. CITY-ST-ZIP	BONITA SPRINGS	FL 34135
TITLE		DETETE	4.1 THEE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C/1Y+ST+Z/P		
TITLE		☐ DECETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		J
STREET ADDRESS			6.3 STHEFT ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the exemption sta	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same leg	es. I further certify that the
l am an o	fficer or director of the corporation or the	no receiver or trustee empower	red to execute this re	port as required by Chapter 607, Florida	Statutes; and that my name
appears i	changed, or إلا n Block 12 or Block 13 أوn Block 12 or Block	nan attachment with an addre	DSS.		