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Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000101878 (2)

1. Corporation Name  
REVITALEX, INC.



Principal Place of Business  
POST OFFICE BOX 45-0086  
MIAMI FL 33245-0086

Mailing Address  
POST OFFICE BOX 45-0086  
MIAMI FL 33245-0086

3. Date Incorporated or Qualified  
12/18/1996

3a. Date of Last Report

2. Principal Place of Business  
21 1600 So. Bayshore Ln.

2a. Mailing Address  
26

4. FEI Number  
65-0716107

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Suite 7C

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 Miami, FL

City & State  
28

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 33133

Zip  
29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLIS, CHRISTOPHER H  
1600 SO BAYSHORE LANE APT 7C  
MIAMI FL 33133

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
MALLIS, CHRISTOPHER H  
1600 SO BAYSHORE LANE APT 7C  
MIAMI FL 33133  
[ ] DELETE  
VD  
AVILA, ANA M  
999 SO BAYSHORE DRIVE APT 1905  
MIAMI FL 33131  
[ ] DELETE  
STD  
MALLIS, ELISA  
230 EAST 44TH ST. APT 2F  
NEW YORK NY 10017  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
[ ] Change [ ] Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
[ ] Change [ ] Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
[ ] Change [ ] Addition  
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  
[ ] Change [ ] Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
[ ] 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: Christopher H. Mallis  
4/17/97 (305) 379-2749  
DATE DAYTIME PHONE

CR2E034 (9/96)