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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000027643

1. Corporation Name

- MUTHITIONAL HEALTH 60-

LEN USA, Corp.

changed name on 3/1/99

Mailing Address

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90113 017 \*\*\*150.00



|   | i di adailess                                       |                                    |  |   |   |             |
|---|---|------------------------------------|--|---|---|-------------|
| 22358 GARRISO   |   | 22358 GARRISON ST                  |  |   |   |             |
|   |   | BOCA RATON FL 33428                |  |   | DO NOT WRITE IN THIS SPACE  |             |
| The second second   |   |                                    |  |   | 3. Date Incorporated or Qualifed  | $\neg$      |
| * 12 - * ****   |   | 1                                  |  |   | 03/24/1997  | }           |
| 9 Principal Pl  | ace of Business                                     | 2a. Mailing Address                |  |   | 4. FEI Number Applied For   |             |
| <del>-</del> i  | ace of Dusiness                                     | 26                                 |  |   | 65-0744361 Not Applicable   | e           |
| Suite, Apt.   | # etc   | Suite, Apt. #, etc.                |  |   | \$8.75 Additional   | 7           |
|   | r, etc.   | 27                                 |  |   | 5. Certificate of Status Desired Fee Required   |             |
| City & State  | ·   | City & State                       |  |   | 6. Election Campaign Financing \$5.00 May Be  | ┪           |
| — ·   | <b>3</b>  | 28                                 |  |   | Trust Fund Contribution Added to Fees   |             |
| Zip   | Country   | Zip                                | Country  | <del>_</del>  | 8. This corporation owes the current year Intangible  |             |
| 24  | 25 29 30  |                                    | <b>⊸</b> `   |   | Personal Property Tax.  | }           |
| 24  | 9. Name and Address of Curren                       |                                    | <u> </u>   |   | 10. Name and Address of New Registered Agent  |             |
|   |   |                                    | 81   | Name  |   | Ţ           |
| TAM   | ONEY, BRIAN C                                       |                                    |  | 2   | (D.O. D., M., Marie Net Acceptable)   | $\dashv$    |
| 2200 N FEDERAL HWY, SUITE 228C  |   |                                    | 82   | Street Add  | ress (P.O. Box Number is Not Acceptable)  |             |
|   | A RATON FL 33431                                    |                                    | 83   | <del>                                     </del>                    |   | $\neg$      |
| 971 1 1/2   |   |                                    |  | <u> </u>  |   | _           |
| รัตร์ส ป สห์สมั   |   |                                    | 84   | City  | FL 85 Zip Code  |             |
|   |   | 2 and 607 1508 Florida Statutos    | the abov   | e named con   |   |             |
| office or re  | egistered agent, or both, in the State              | of Florida. Such change was aut    | horized by   | the corporat  | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered |             |
| agent. I a  | m familiar with, and accept the obligation          | tions of, Section 607.0505, Florid | ta Statutes  | S.  |   | - }         |
| SIGNATURE   |   | ANTE D                             | harinteend Asse  | at algorithm roomic   | red when reinstating) DATE  | 1,          |
|   | Signature, typed or printed name of registered agen | ID DIRECTORS                       | 13.  | iit signature requii  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | $\dashv \S$ |
| 12.   | P   | DELETE                             | 1.1 TITLE  |   | Change Addit  | on 3        |
| TITLE   |   |                                    | 1.2 NAME   | }   |   | - 1 :       |
| NAME  | GARCIA, EDMUNDO                                     |                                    |  | TADDRESS  |   | - 1 :       |
| STREET ADDRESS  | 22358 GARRISON ST.<br>BOCA RATON FL 33428           |                                    |  |   |   | }           |
| CITY-ST-ZIP   |   |                                    |  |   |   | 100         |
|   | DOOR TUTTONTE GOTES                                 | □ DELETE                           | 1.4 CITY-S   |   | ∏ Change ∏ Addit  | on C        |
| ∙ TITLE   | DOON TOTT L SO TEO                                  | ☐ DELETE                           | 1.4 CITY-S<br>2.1 TITLE  |   | [☐ Change ☐ Addit   | ion C       |
| NAME  | DOOR TATION TE GOTES                                | ☐ DELETE                           | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME  | ST-ZIP  | ☐ Change ☐ Addit  | ion         |
|   | BOOK VENTON 12 GOVED                                | ☐ DELETE                           | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE   | T ADDRESS   | ☐ Change ☐ Addit  | ion         |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | BOOK VENTON / E GOVED                               |                                    | 1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREE<br>2.4 CITY-S   | T ADDRESS   |   |             |
| NAME<br>STREET ADDRESS  | DOON VENTON I L. GOVED                              | ☐ DELETE                           | 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE   | T ADDRESS   | ☐ Change ☐ Addit  |             |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DOON VENTON I L. CONTO                              |                                    | 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME  | T ADDRESS<br>ST-ZIP   |   |             |
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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 any air 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 of 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 only an attact ment with an address, with all other like empowered.

SIGNATURE: