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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073852 (0)

VITA-HERBS SHOP, INC.

Principal Place of Business

Mailing Address

## FILED Mar 30 1998 8:00am Secretary of State



3/23/98

(305) 4760600

2120 S.W. 17TH STREET MIAMI FL 33145		2120 S.W. 17TH STREET MIAMI FL 33145		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					08/26/1997		
2. Principal Pl	2a. Mailing Address			4. FEI Number	<del></del>	oplied For	
21 330/		26 3301 Sw Coral Way		59-3468869	<del></del>	ot Applicable	
Suite, Apt. 6 22 <b>Space</b>	# A-64	Suite, Apt. #, etc. 27 #1/45		5. Certificate of Status Desired	Fee Hequired		
City & State		City & State  28 Hiami Flonda		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Miami + Lorida Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible			
24 33145 25 U.S.A		29 33145 30 U.S.A.		Personal Property Tax due June 30. 🔀 Yes 🔲 No			
	g, Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered	l Agent	
Teixeira, Yuri			81	Name			
	0 S.W. 17TH STREET	82 Street Add		Street A	ddress (P.O. Box Number is Not Acceptable)		
MLA	MI FL 33145		83				
			03				
			84	City	F	85 Zip	Code
14. Busined to the provisions of Sections 607 0502 and 607 1508. Envide Statutes, the above-pamed 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 Standard, broad or profind name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	TEIXEIRA, YURI		1.2 NAME				
STREET ADDRESS	<u> </u>		1.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-5	ST-ZIP		Channe	Addition
TITLE	VD	☐ DELÉ <b>TÉ</b>	2.1 TITLE	ŀ		☐ Change	L Addition
NAME			2.2 NAME				
STREET ADDRESS	2120 S.W. 17TH STREET MIAMI FL 33145		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP	SD SD			SI-ZIP		Change	Addition
TITLE NAME	ZALDIVAR, GRACIELA		3.2 NAME	1			
STREET ADDRESS	2120 S.W. 17TH STREET			ADDRESS			
CITY-ST-ZIP	5 01 4 4 5 MI A 6 4 4 MI			4. CITY-ST-ZIP			
TITLE	<b>1</b> D	DELETE 4.1				Change	Addition
NAME	ZALDIVAR, LAURA		4. 2 NAME				
STREET ADDRESS	2120 S.W. 17TH STREET		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145		4.4 CITY -	ST-ZIP		·	
TITLE		DELETE	5.1 TITLE	1		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS		ļ		T ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY -	ST - ZIP		Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE			- Outside	
NAME			6.2 NAME	T ADDRESS			
STREET ADDRESS			6.4 CITY-1				
14. I hereby o	pertify that the information supplied wi	th this filing does not qualify for t	the evernr	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the	e 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.							