

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90065 020 ***150.00

DOCUMENT # P97000073852

1. Corporation Name

VITA-HERBS SHOP, INC.

Principal Place of Business

3301 SW CORAL WAY
SPACE #4-64
MIAMI FL 33145
US

Mailing Address

3301 SW CORAL WAY
#145
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

59-3468869

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

2120 SW 17th St

Suite, Apt. #, etc.

2120 SW 17th St

City & State

Miami Florida

City & State

Miami Florida

Zip

33145

Country

US

Zip

33145

Country

U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEIXEIRA, YURI
2120 S.W. 17TH STREET
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 PD
NAME TEIXEIRA, YURI
STREET ADDRESS 2120 S.W. 17TH STREET
CITY-ST-ZIP MIAMI FL 33145

☐ DELETE

TITLE VD
NAME ZALDIVAR, KATHLEEN
STREET ADDRESS 2120 S.W. 17TH STREET
CITY-ST-ZIP MIAMI FL 33145

☐ DELETE

TITLE SD
NAME ZALDIVAR, GRACIELA
STREET ADDRESS 2120 S.W. 17TH STREET
CITY-ST-ZIP MIAMI FL 33145

☒ DELETE

TITLE TD
NAME ZALDIVAR, LAURA
STREET ADDRESS 2120 S.W. 17TH STREET
CITY-ST-ZIP MIAMI FL 33145

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE: YURI TEIXEIRA 4/22/99 (305) 8570065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)