

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000080037 (9)
 1. Corporation Name
THE VITAMIN HOUSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
9805 NORTHWEST 52 STREET UNIT 510 MIAMI FL 33178		9805 NORTHWEST 52 STREET UNIT 510 MIAMI FL 33178	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/16/1997	EIN 65-0780998
22 City & State	27 City & State	5. Certificate of Status Desired	Applied For
23 Zip	28 Country	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
24 Zip	25 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMBERTO FERNANDEZ-MORAN S.	1.2 NAME	
STREET ADDRESS	9805 NW 52 STREET, UNIT 510	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33178	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVIA ROMANO DE FERNANDEZ MORAN	2.2 NAME	
STREET ADDRESS	9805 NW 52 STREET, UNIT 510	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33178	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO FERNANDEZ-MORAN S.	3.2 NAME	
STREET ADDRESS	9805 NW 52 STREET, UNIT 510	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33178	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Humberto Fernandez-Moran S* 04-10-98 (305)499-95-47.

CR2E034 (10/97)