



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

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000086470 (6)					
1. Corporation Name FASHION NUTRITION CENTER, INC.					
Principal Place of Business 5707 N UNIVERSITY DRIVE TAMARAC FL 33321			Mailing Address 5707 N UNIVERSITY DRIVE TAMARAC FL 33321		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1997	
21		26		4. FEI Number 65-0785943	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RODRIGUEZ, MIGUEL J 4801 SOUTH UNIVERSITY DRIVE, SUITE 3020 DAVE FL 33328			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					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	YIBIRIN, BERNARDO				
STREET ADDRESS	5707 N UNIVERSITY DRIVE				
CITY - ST - ZIP	TAMARAC FL 33321				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	YIBIRIN, MARIA				
STREET ADDRESS	5707 N UNIVERSITY DRIVE				
CITY - ST - ZIP	TAMARAC FL 33321				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	YIBIRIN, SERGIO				
STREET ADDRESS	5707 N UNIVERSITY DRIVE				
CITY - ST - ZIP	TAMARAC FL 33321				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	YIBIRIN, GINETH M				
STREET ADDRESS	5707 N UNIVERSITY DRIVE				
CITY - ST - ZIP	TAMARAC FL 33321				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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:  SERGIO YIBIRIN 5-29-98					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)