

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 90171 043 ***150.00

DOCUMENT # P97000098658

1. Corporation Name

OPX VITA NUTRITIONAL CORPORATION

Principal Place of Business
3322 NE 33RD STREET
FT LAUDERDALE FL 33308

Mailing Address
3322 NE 33RD STREET
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1997

4. FEI Number

65-0795477

Applied For
No, Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

21 2805 E. OAKLAND PARK BLVD
Suite, Apt. #, etc.
22 389

23 City & State

FT. LAUDERDALE

24 Zip

33306

Country

USA

2a. Mailing Address

26 P.O. Box 6217

Suite, Apt. #, etc.

27 City & State

FT. LAUDERDALE FL

28 Zip

33306

Country

USA

9. Name and Address of Current Registered Agent

EVANS, LAWRENCE S
701 BRICKELL AVENUE
SUITE 1900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

FERNANDO D'AVILA

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

2805 E. OAKLAND PARK BLVD # 389

83

84 City

FT. LAUDERDALE

85 State

FL

86 Zip Code

33306

11. Pursuant to the provisions of Sections 607.0501 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

FERNANDO D'AVILA

APRIL 15, 99

Signature typed or printed name of registered agent and title if applicable. (NO) If Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D'AVILA, FERNANDO
STREET ADDRESS
3322 NE 33RD STREET
CITY-ST-ZIP
FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2805 E. OAKLAND PARK BLVD # 389

1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33306

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO D'AVILA

APRIL 15, 99

Date

(154) 346-7283

Daytime Phone #

CR2E034 (11/98)

0269618