

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 22, 1999 8:00 am  
Secretary of State

04-22-1999 90163 023 \*\*\*150.00

DOCUMENT # P98000058165

1. Corporation Name  
PRECISION NUTRITION CORPORATION



Principal Place of Business  
17780 NW 67 AVENUE  
#1018  
MIAMI LAKES FL 33015

Mailing Address  
17780 NW 67 AVENUE  
#1018  
MIAMI LAKES FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/29/1998

2. Principal Place of Business  
21 8390 N.W. 143 TERRACE  
Suite, Apt. #, etc.  
22  
City & State  
23 MIAMI-FL  
Zip Country  
24 33016 25 U.S.A.

2a. Mailing Address  
26 8390 N.W. 143 TERRACE  
Suite, Apt. #, etc.  
27  
City & State  
28 MIAMI-FL  
Zip Country  
29 33016 30 U.S.A.

4. FEI Number  
65-0846305

Applied For  
Not 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

9. Name and Address of Current Registered Agent

PEREZ, FARIDE  
17780 NW 67 AVENUE  
#1018  
MIAMI LAKES FL 33015

10. Name and Address of New Registered Agent

81 Name PEREZ, FARIDE  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 8390 N.W. 143 TERRACE  
84 City MIAMI-FL 33016 FL 85 Zip Code 33016

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 X

Signature, typed or printed name of registered agent and title if applicable.

FARIDE PEREZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-99

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	ANTONIO FERNANDEZ	
STREET ADDRESS	8390 N.W. 143 TERRACE	
CITY-ST-ZIP	MIAMI-FL 33016	
TITLE	D/S/T	<input type="checkbox"/> DELETE
NAME	FARIDE PEREZ	
STREET ADDRESS	8390 N.W. 143 TERRACE	
CITY-ST-ZIP	MIAMI-FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
ANTONIO FERNANDEZ

4-6-99

Date

Daytime Phone #

CR2E034 (1/1/98)

013194C