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Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90001 009 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081173

1. Corporation Name

EXPERIMENTAL SUPPLEMENTS TECHNOLOGY, INC.

Principal Place of Business

~~720 N UNIVERSITY DRIVE~~
~~MIAMI BEACH FL 33138~~

Mailing Address

~~720 N UNIVERSITY DRIVE~~
~~MIAMI BEACH FL 33138~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1998

4. FEI Number **65-0872831**

Applied For
☐ Not Applicable

2. Principal Place of Business

21 89 NE 166 Street

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33162

Country

25 Miami-Dade

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

MARGOLIS, JOHN A ESQ.
9990 S.W. 77TH AVENUE
SUITE 330
MIAMI FL 33156-2699

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

TITLE **D** ☐ DELETE

NAME **ALVAREZ, RICARDO**

STREET ADDRESS **1330 NE 102ND STREET**

CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **D** ☐ DELETE

NAME **GONZALEZ, EDGARDO**

STREET ADDRESS **1000 S. BOULEVARD, SUITE 100**

CITY-ST-ZIP **MIAMI, FL 33138**

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 **89 NE 166 Street**

1.4 CITY-ST-ZIP **Miami, FL 33162**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **89 NE 166 Street**

2.4 CITY-ST-ZIP **Miami, FL 33162**

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:

Ricardo Alvarez, President

8/18/99

305-595-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0301475

CR2E034 (11/98)