

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S09071** (9)

1. Corporation Name

**PARDO NUTRITION, INC.**



Principal Place of Business

**12801 W. SUNRISE BLVD  
SUNRISE FL 33323**

Mailing Address

**1304 SW 160 AVE  
434  
SUNRISE FL 33326  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
**10/26/1990**

3a. Date of Last Report  
**01/18/1995**

4. FEI Number

**65-0226027**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**IGOE, JOHN G.  
250 ROYAL PALM WAY  
SUITE 300  
PALM BEACH FL 33480**

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**TONY PARDO**

*Tony Pardo*

**4/16/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D PARDO, TONY**  
STREET ADDRESS **1263 GARDEN ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE  
NAME **D PARDO, LUIS**  
STREET ADDRESS **1290 SEAGRAPE CIR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

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 **PARDO, TONY**  
1.3 STREET ADDRESS **537 SLIPPERY ROCK RD**  
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33327**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **PARDO, LUIS**  
2.3 STREET ADDRESS **525 SLIPPERY ROCK RD**  
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33327**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/96**

Daytime Phone #

CR2E034 (12/95)