

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

97 JUL 24 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **S83385** (2)
1. Corporation Name
NUTRIMED HEALTH CARE, INC.

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|--|--|
| Principal Place of Business P.O. BOX 523823 MIAMI FL 33152 | Mailing Address P. O. BOX 527224 MIAMI FL 33152 US |
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|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 09/27/1991 | 3a. Date of Last Report 08/02/1996 |
| | | | | 4. FEI Number 65-0292383 | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent BAYUELO, JUANA ISABEL 3821 S.W. 88TH PLACE MIAMI FL 33165 | | 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 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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]* DATE **7/18/97**
Signature of the person providing the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE 300002252289--1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BAYUELO, JUANA ISABEL | | 1.2 NAME | |
| STREET ADDRESS 3821 S.W. 88TH PLACE | | 1.3 STREET ADDRESS -07/30/97--01045--023 | |
| CITY-ST-ZIP MIAMI FL | | 1.4 CITY-ST-ZIP ****165.00 ****165.00 | |
| TITLE SVT | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BAYUELO, JUANA ISABEL | | 2.2 NAME | |
| STREET ADDRESS 3821 S.W. 88TH PLACE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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. I changed or changed my appointment with an address.

SIGNATURE *[Signature]* DATE **7/18/97**

CR2E034 (4/97)

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NUTRIMED HEALTH CARE, INC.

JULY 18TH., 1997

MS. LESLIE SELLERS
DOCUMENT SPECIALIST
FLORIDA DEPARTMENT OF STATE

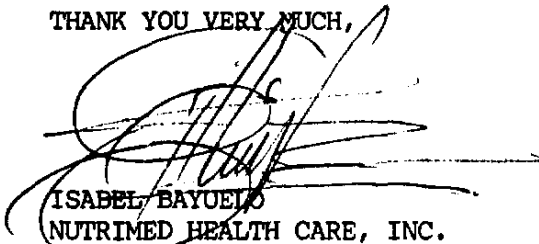
DEAR MS. SELLERS :

AS PER OUR CONVERSATION OVER THE PHONE, PLEASE FIND ENCLOSED A COPY
OF THE CHECK THAT WAS SENT ON APRIL 10TH.-1997.

YOU STATED THAT THE CHECK WAS RETURNED TO OUR OFFICE TOGETHER WITH
THE APPLICATION. AS I TOLD YOU ON THE PHONE, WE NEVER RECEIVED THE
CHECK, EVENTHOUGH WE DID RECEIVED THE OTHER PAGES.

WE ARE SENDING YOU AT THIS TIME ANOTHER CHECK FOR THE AMOUNT OF
\$ 165.00 (ONE HUNDRED SIXTY FIVE AND 00/00 DOLLARS), AS WE AGREED BY
PHONE TODAY, JULY 18TH., 1997.

THANK YOU VERY MUCH,



ISABEL BAYUELO
NUTRIMED HEALTH CARE, INC.
TAX ID # : 65-0292383