

102000001369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

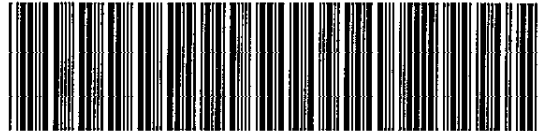
(Business Entity Name)

(Document Number)

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EreKtra-2 (5)

102-1369

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 19 PM 8:59



Millenium Natural Health Products

October 7, 2002

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Gentlemen,

Attached you will find three applications for the registration of the following Trademarks:

1. ProstA-Z
2. ErekrA-Z
3. VITAMIX

Also enclosed please find three (3) labels for each of the marks to be registered, and a check for \$262.50 representing \$87.50 for each application.

If you have any questions please contact:

Teresita Valdivia,
Director Marketing and Sales
Millenium Natural Health Products, Inc.
10575 NW 37th Terrace, Miami, Florida 33178
PHONE: (305) 594-4990 FAX: (305) 594-4094

Or

Dr. Alfredo Suarez-Sarmiento
Vitamed Corp.
2601 SW 37th Avenue Suite 707
Miami, Florida, 33133
PHONE: (305) 445-9010

Thanks for your prompt attention to this matter,

Sincerely,

Teresita Valdivia
Director Marketing and Sales



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

November 5, 2002

DR. ALFREDO SUREZ-SARMIENTO
VITAMED CORP.
2601 SW 37TH AVENUE, SUITE 707
MIAMI, FL 33133

SUBJECT: PROSTA-Z, VITAMIX & EREKTRA-Z
Ref. Number: W02000031641

We have received your document for PROSTA-Z, VITAMIX & EREKTRA-Z and your check(s) totaling \$262.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in number 1(c) of Part I of the application that the owner and applicant of the mark will be a business entity and not an individual. Therefore, you must delete the individual's name listed in number 1(a) of Part I and insert the correct name of the appropriate business entity.

THESE CORRECTIONS MUST BE MADE ON EACH APPLICATION

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 702A00060385

November 13, 2002

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ATTENTION: NANETTE CAUSSEUX , CORPORATE SPECIALEST
SUPERVISOR

SUBJECT: PROSTA-Z – VITAMIX & EREKTRA-Z

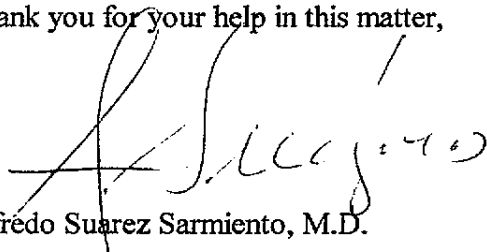
REFERENCE NO. W02000031641

Dear Ms. Causseax

Enclosed please find corrected applications for the above mentioned trademarks.

If you have any questions, please do not hesitate to contact me, (305) 445-9010.

Thank you for your help in this matter,

A handwritten signature in black ink, appearing to read "Alfredo Suarez Sarmiento". The signature is stylized and written over a horizontal line.

Alfredo Suarez Sarmiento, M.D.

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Dr. Alfredo Suarez-Sarmiento

President, Vitamed Corp.

2601 SW 37 Ave 707 MIAMI FL 33133

(305) 445-9010
Daytime Telephone number

PART I

1. (a) Applicant's name: VITAMED CORP.

(b) Applicant's business address: 2601 SW 37 AVENUE SUITE 707

MIAMI, FLORIDA 33133

City/State/Zip

(c) Applicant's telephone number: (305) 445-9010

Individual

Corporation

Joint Venture

Other: _____

General Partnership

Limited Partnership

Union

If other than an individual,

(1) Florida registration number: 901-59860 (2) Domicile State: _____

(3) Federal Employer Identification Number: 65-1113053

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

N/A

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

NATURAL PRODUCTS SUCH AS VITAMINS, MINERALS, HERBALS, BY THEMSELVES OR IN

FORMULAS, IN TABLETS, CAPSULES, SOFT GELS, LIQUIDS AND OR CREAM FORM

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

LABELS, BROCHURES, ADVERTISING, ETC.

(Continued)

(d) The class(es) in which goods or services fall:

CLASS 5 - PHARMACEUTICALS

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 9-02-02 (b) Date first used in Florida: 9-02-02

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Erektra-Z

English Translation N/A

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " N/A " APART FROM THE MARK AS SHOWN.

I, ALFREDO SUAREZ-SARMIENTO

being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

ALFREDO SUAREZ-SARMIENTO

Typed or printed name of applicant

Applicant's signature or authorized person's signature (List name and title)

STATE OF FLORIDA

COUNTY OF DADE

On this 25 day of SEPTEMBER, 2002, ALFREDO SUAREZ-SARMIENTO personally appeared before me,

who is personally known to me whose identity I proved on the basis of

(Seal)

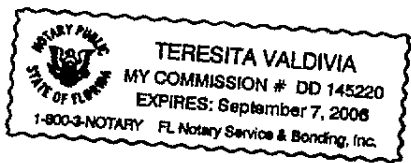
Notary Public Signature

TERESITA VALDIVIA

Notary's Printed Name

My Commission Expires: SEPTEMBER 7, 2006

FEE: \$87.50 per class



FILED IN STATES SECRETARY OF CORPORATIONS DIVISION OF 02 NOV 19 PM 8:58

SECRETARY OF STATE DIVISION OF CORPORATIONS

Free of: Sugar, starch, sodium, artificial flavors and preservatives.

Warnings: if you have a serious chronic medical condition check with your doctor before taking.

TAMPER RESISTANT. DO NOT USE IF SAFETY SEAL IS BROKEN OR MISSING. 100% NATURAL LABORATORY TESTED AND GUARANTEED

*This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

Manufactured for and Distributed by:
Vitamed, Corp., Miami, FL 33133
MADE IN USA.

VITAMIX
NATURAL PRODUCTS

ErekrAZ

**Male Potency
Sexual Enhancer Formula
With Policosanol & L-Arginine***

COMPLETE SEX FORMULA*

Dietary Supplement
60 Capsules

Supplement Facts

Amount per servings	% Daily Value
Herbal Proprietary Blend	550 mg **
Yohimbe extract (Corymbane), Horny goat, Damiana extract (Turnera diffusa), Saw Palmetto Berry (leaves) (Serenoa repens), Tribulus Terrestris extract EQUIV, Guarana (seed) (Paulinia Cupana), Maca (leaves) (Lepidium Meyeri), Muira Puama extract, Ginkgo Biloba (leaves) Capsicum (Cayenne).	

** Daily Value not established

Other ingredients: Gelatin capsule.
Directions: Adults, take 2 capsules a day as a dietary supplement, preferably with a meal or as indicated by a healthcare professional.

Lot Exp: