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Erektra-Z (5)

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#### 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. ErektrA-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,

its Valdina

Sincerely.

Teresita Valdivia

Director Marketing and Sales



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.

Letter Number: 702A00060385

Nanette Causseaux Corporate Specialist Supervisor

Division of Cornerations - P.O. ROY 6327 -Tallahasson, Florida 32314

November 13, 2002

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

ATTENTION: NANETTE CAUSSEAUX, 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,

Alfrédo Suprez Sarmiento, M.D.

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

10:	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 Daydme Telephone number
		PART I
1. (a)	Applicant's name: VITAMED CORP.	
	Applicant's business address: 2601 SW 3	77 AVENUE SUITE 707
(-)		DRIDA 33133
(c)	Applicant's telephone number: ( 305 ) 4	City/State/Zip 45-9010
	Individual Corporation	☐ Joint Venture ☐ Other:
	General Partnership	rship  Union
	r than an individual, orida registration number: 101— 6	9860 (2) Domicile State:
	deral Employer Identification Number: 65-	
		t, the services in connection with which the mark is used:
N/A	, ,	
(b)	If the mark to be registered is a trademark, t (i.e., ladies sportswear, cat food, barbecue gr	he goods in connection with which the mark is used: rills, shoe laces, etc.)
NAT	URAL PRODUCTS SUCH AS VITAMIN	IS, MINERALS, HERBALS, BY THEMSELVES OR IN
FOR	MULAS, IN TABLETS, CAPSULES, SC	OFT GELS, LIQUIDS AND OR CREAM FORM
(c)	The mode or manner in which the mark is u	sed:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
LAB	ELS, BROCHURES, ADVERTISING, E	TC.
		(Continued)
		(Continued)

On this 25 day of SEPTEMBER , 2002 , ALFREDO SUAREZ-SARMIENTO pers appeared before me,  Who is personally known to me whose identity I proved on the basis of	CLASS 5 - PHARMACEUTICALS	5 3	
1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):  (a) Date first used anywhere:  (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 "  APART FROM THE MARK AS SHOW!  ALFREDO SUAREZ-SARMIENTO  being sworn, depose and say that I am the owner and the applicate right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to devere or confuse on the mistaken therefor. I make this afflowing and was read application and know the contents thereof and that the facts shiple here are rise and correct  ALFREDO SUAREZ-SARMIENTO  Typed of printed gaine of applicant  Applicant's signature of authorized persont's signature  (List name and title)  STATE OF  FLORIDA  COUNTY OF  DADE  On this 25 day of SEPTEMBER , 2002, ALFREDO SUAREZ-SARMIENTO persone appeared before me,  Who is personally known to me whose identity I proved on the basis of		PART II	
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 "  APART FROM THE MARK AS SHOWN  I, ALFREDO SUAREZ-SARMIENTO  being sworn, depose and say that I am the owner and the applicant herein, and no other person except a related company the right to use such mark in Florida either in the identical fortiop in such near resemblance as to be likely to deceive or confuse on instant herefor. I make this afflicant and vertification on mythre dipplicant's behalf. I further acknowledge that I have read application and know the contents thereof and that the facts stated hereby are true and correct  ALFREDO SUAREZ-SARMIENTO  Typed of privated privated person's signalarye  (List name and title)  STATE OF FLORIDA  COUNTY OF DADE  On this 25 day of SEPTEMBER , 2002 , ALFREDO SUAREZ-SARMIENTO pers appeared before me,  Who is personally known to me whose identity I proved on the basis of  Whose public Signature	Date first used by the applicant, predecess		:
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 the right to use such mark in Florida either in the identical forth or in such near resemblance as to be likely to decive or confuse the mistaken therefor. I make this afflicative and verification on mythre deplicants behalf I further acknowledge that I have read application and know the contents thereof and that the facts staged hereth are true and correct  ALFREDO SUAREZ-SARMIENTO  Typed of printed putpe of applicant  Applicant's signature of authorized person's signature  (List name and title)  Typed of printed putpe of applicant  Applicant's signature of authorized person's signature  On this 25 day of SEPTEMBER , 2002 , ALFREDO SUAREZ-SARMIENTO pers appeared before me.  Who is personally known to me whose identity I proved on the basis of September (Seal)	) Date first used anywhere: 9-02-02	(b) Date first used in Florida: 9-02-02	
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ALFREDO SUAREZ-SARMIENTO  Applicant's signature of authorized person's signature  Appl	nglish Translation N/A		<b>2</b>
ALFREDO SUAREZ-SARMIENTO  The installar in the owner and in a policant in the eight to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse of emistaken therefor. I make this affidavit and verification on mythe applicant herein and no other person except a related company her 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 of emistaken therefor. I make this affidavit and verification on mythe applicants. I further acknowledge that I have read application and know the contents thereof and that the facts stated herein are true and correct  ALFREDO SUAREZ-SARMIENTO  Typed of printed name of applicant  Applicant's signature of authorized person's signature  (List name and title)  Applicant's signature of authorized person's signature  COUNTY OF  DADE  On this 25 day of SEPTEMBER  Authorized person's signature  who is personally known to me whose identity I proved on the basis of  COUNTY Public Signature			Q;
ALFREDO SUAREZ-SARMIENTO  being sworn, depose and say that I am the owner and the applicate or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company he 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 of emistaken therefor. I make this affidavit and verification of mythe deplicant's behalf. I further acknowledge that I have read application and know the contents thereof and that the facts stated herein are true and correct  ALFREDO SUAREZ SARMIENTO  Typed of printed name of applicant  Applicant's signature of authorized person's signature  (List name and title)  TATE OF  FLORIDA  COUNTY OF  DADE  On this 25 day of SEPTEMBER, 2002, ALFREDO SUAREZ-SARMIENTO persuppeared before me,  Who is personally known to me whose identity I proved on the basis of  County Public Signature  (Seal)	DISCLAIMER (if applicable)	VE DICHT TO USE THE TERM " N/A	58
ALFREDO SUAREZ-SARMIENTO  being sworn, depose and say that I am the owner and the application or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company 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 of the mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read application and know the contents thereof and that the facts stated herein are true and correct  ALFREDO SUAREZ SARMIENTO  Typed of printed name of applicant  Applicant's signature of authorized person's signature  (List name and title)  On this 25 day of SEPTEMBER , 2002 ALFREDO SUAREZ-SARMIENTO persuppeared before me,  Who is personally known to me whose identity I proved on the basis of  Notary Public Signature	O CLAIM IS MADE TO THE EXCLOSI	" APART FROM THE MARK AS SHO	WN.
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TERESITA VALDIVIA	Application and know the contents thereof and that the ALFREDO SI  Applican  TATE OF FLORIDA  COUNTY OF DADE  On this 25 day of SEPTEMBER  Operared before me,	entical form or in such near resemblance as to be likely to deceive or confication on my/the applicant's behalf. I further acknowledge that I have the facts stated herein are true and correct  UAREZ SARMIENTO  Typed of printed name of applicant  It's signature of authorized person's signature  (List name and title)  2002 ALFREDO SUAREZ-SARMIENTO	DIVISION OF CONPORATIONS
Notary's Printed Name	Application and know the contents thereof and that the ALFREDO SI  Applican  TATE OF FLORIDA  COUNTY OF DADE  On this 25 day of SEPTEMBER  Operared before me,	entical form or in such near resemblance as to be likely to deceive or confication on my/the applicant's behalf. I further acknowledge that I have the facts stated herein are true and correct  UAREZ SARMIENTO  Typed of printed name of applicant  It's signature of authorized person's signature  (List name and title)  2002 ALFREDO SUAREZ-SARMIENTO	DIVISION OF CONPORATIONS
My Commission Expires: SEPTEMBER 7, 2006	Applicant  Applicant  Applicant  TATE OF DADE  On this 25 day of SEPTEMBER  Experience before me, who is personally known to me	entical form or in such near resemblance as to be likely to deceive or confication on my/the applicant's behalf. I further acknowledge that I have the facts stated herein are true and correct  UAREZ SARMIENTO  Typed or printed name of applicant  It's signature of authorized person's signature  (List name and title)  Quote ALFREDO SUAREZ-SARMIENTO  whose identity I proved on the basis of  Notary Public Signature  TERESITA VALDIVIA	DIVISION OF CONPORATIONS

1-800-3-NOTARY FL Notary Service & Bonding, Inc.

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

<sup>5</sup>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.



Male Potency Sexual Enhancer Formula With Policosanol & L-Arginine<sup>e</sup>

COMPLETE SEX FORMULA

Dietary Supplement 60 Capsules

### Supplement Facts

Serving Size: 2 capsules Servings per container 30
Amount per servings % Daily Value

Amount per servings % Doly Value
Herbal Proprietary blend. 550 mg \*\*
Yohlmbe extract (Corpnanties), Horny goat, Damilana extract (Turners diffusa), Sew Palmetto Berry (leaves) (Serenca repens, Tribulus Turnestis extract Equiv. Guarana (seed) (Paullina Cupana), Mac (leaves) (Lepidiu Meyunit), Muira Puama extract, Glinkgo 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