

T96000000714

w/1

Requestor's Name _____

Address _____

City/State/Zip _____ Phone # _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) *******
2. _____ (Corporation Name) _____ (Document #) *Retired Puerto RAVE*
3. _____ (Corporation Name) _____ (Document #) *AUTHORIZATION BY PHONE TO CORRECT class 5, division 1 street,*
4. _____ (Corporation Name) _____ (Document #) *6/24/96*

Walk in Pick up time _____

Mail out Will wait Photocopy

Certified Copy Certificate of Status *96-13007*

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

FILING 87.50

C. COPY _____

R. AGENT _____

TOTAL 87.50

BALANCE DUE \$ _____

REFUND \$ _____

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name	<i>Wet</i>
Availability	<i>6/24/96</i>
Document Examiner	<i>Wet</i>
Updater	<i>Wet</i>
U. S. Verifier	<i>Wet</i>
Approval Agent	<i>Wet</i>
W. P. Verifier	<i>Wet</i>

JM

Wet 6/24

Examiner's Initials _____

Florida Department of State, Sandra B. Mortham, Secretary of State

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:

RAFAEL A. ZERUTO II
P.O. Box 13574
TALLAHASSEE, FL 32317
(904) 847-5943
Daytime Telephone number

PART I

1. (a) Applicant's name: BETZER PHARMACEUTICAL CORP.

(b) Applicant's business address: 1325 - E. TENNESSEE #16
TALLAHASSEE, FL 32317
City/State/Zip

(c) Applicant's telephone number: (904) 847-5943
 Individual Corporation Joint Venture Other: _____
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: G73778 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-2357244

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.)

(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.)

GENERIC PHARMACEUTICAL PRESCRIPTION PRODUCTS,
VETERINARY MEDICINE, &
OVER THE COUNTER PHARMACEUTICAL

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

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

PHARMACEUTICALS

TM-005

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: 4/27/1983

(b) Date first used in Florida: 4/27/1983

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.)

on a rectangular design the block type letter
BETZER on top two brown lines are thicker than
the other. Below the word Betzer is the name pharmaceutical
Corp in small type letter. Under the small type letter two lines
one thin the other thick.

2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Pharmaceuticals

& Co.

" APART FROM THE MARK AS SHOWN.

I, RAFAEL ZERUTO DBA/BETZER PHARMACEUTICAL CORP. 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

RAFAEL A. ZERUTO

Typed or printed name of applicant

Rafael Zeruto

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

STATE OF Florida

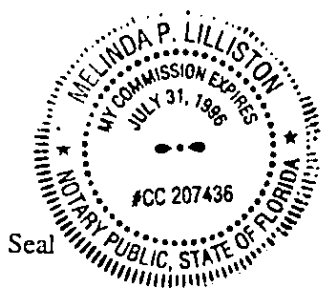
COUNTY OF Leon

On this 24 day of June, 19 96,
personally appeared before me,

who is personally known to me

whose identity I proved on the basis of Driver Lic. #

2630 721 42 255 0



Seal

Melinda P. Lilliston
Notary Public Signature

Melinda P. Lilliston
Notary's Printed Name

My Commission Expires: _____

FEE: \$87.50 per class

SUGGESTED USE: One to two softgels three times daily with meals.

Omega III™ fish oil concentrate is a mixture of natural triglycerides providing a dietary source of omega-3 polyunsaturates containing 180 mg of eicosapentaenoic acid (EPA) (360 mg per serving EPA) and 120 mg of docosahexaenoic acid (DHA) (240 mg per serving DHA) per gram. Contains not less than 30% omega-3 polyunsaturates.

Store at 15-30°C (59-86°F)

Protect from heat, light and moisture.
**NO SUGAR, NO STARCH, NO ARTIFICIAL COLORS,
NO ARTIFICIAL FLAVORS, NO PRESERVATIVES,
NO SODIUM, NO WHEAT, NO CORN, NO SOY,
NO MILK, NO YEAST, NO WAX.**

**KEEP OUT OF REACH OF CHILDREN.
DO NOT PURCHASE IF SEAL IS BROKEN.**

BETZER
PHARMACEUTICALS & CO.

OMEGA III™

EPA + DHA

**NATURAL
FISH OIL
CONCENTRATE**

**1000 mg.
90 SOFTGELS**

Nutritional Information Per Serving:

Serving Size	2 softgels
Servings Per Container	45
Calories	75
Protein	Less than 1 gram
Carbohydrates	Less than 1 gram
Fat* (86% of Calories from fat)	2 grams
Polyunsaturated	1 gram
Saturated	Less than 1 gram
Cholesterol	10 mg

*Information on fat and cholesterol content is provided for individuals who, on the advice of their physician, are modifying their total dietary intake of fat and cholesterol.

Percentage of the US Recommended Daily Allowances

Contains less than 2% of the US RDA of Protein, Vitamin A, Vitamin C, Thiamine, Riboflavin, Niacin, Calcium and Iron.

Ingredients:
Natural Fish Body Oil Concentrate, Vitamin E (D-Alpha Tocopherol) as a natural Antioxidant, Gelatin, Natural Glycerin.

Distributed by:
BETZER PHARMACEUTICALS
P.O. BOX 1164
GOLDENROD, FLORIDA 32733