

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V09461**

(7)

1. Corporation Name

SPECIAL NUTRIENTS, INC.



Principal Place of Business

**881 BELLE MEADE ISLAND
MIAMI FL 33138**

Mailing Address

**881 BELLE MEADE ISLAND
MIAMI FL 33138**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/24/1992

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0310611

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

10. Name and Address of New Registered Agent

**TAMAMES, SYLVIA
881 BELLE MEADE ISLAND
SUITE 610-N
MIAMI FL 33138**

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

SIGNATURE

By _____, Registered Agent, signature required when filing

By _____, Registered Agent, signature required when filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME **D TAMAMES, SYLVIA**
STREET ADDRESS **881 BELLE MEADE ISLAND**
CITY, ST, ZIP **MIAMI FL**
2. TITLE ☐ DELETE
NAME **D TAMAMES, FERNANDO, II**
STREET ADDRESS **881 BELLE MEADE ISLAND**
CITY, ST, ZIP **MIAMI FL**
3. TITLE ☐ DELETE
NAME **D TAMAMES, FERNANDO, III**
STREET ADDRESS **881 BELLE MEADE ISLAND**
CITY, ST, ZIP **MIAMI FL**
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP ☐ Change ☐ Addition
8. NAME
9. STREET ADDRESS
10. CITY, ST, ZIP ☐ Change ☐ Addition
11. NAME
12. STREET ADDRESS
13. CITY, ST, ZIP ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP ☐ Change ☐ Addition
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94. CITY, ST, ZIP ☐ Change ☐ Addition
95. NAME
96. STREET ADDRESS
97. CITY, ST, ZIP ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP ☐ Change ☐ Addition

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:

Fernando Tamames
DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 2/6/96

305-7597720
DATE OF FILING

CR2E034 (12/95)