FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:56

DOCUMENT # V10730 (2)

1. Corporate Name
ADVANCED NUTRITIONAL SUPPORT, INC.

Principal Office Address
4795 WEST FLAGLER STREET
MIAMI FL 33134

Mailing Address
4795 WEST FLAGLER STREET
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 01/31/1992
3a. Date of Last Report: 03/02/1994

2. Registered Agent Name
21

2a. Mailing Address
26

Street Address
22

Street Address
27

City, State
23

City, State
28

4. FEI Number: 65-0311240
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

24 25 29 30

8. This corporation has elected to be governed under Section 607.0827 Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
LOPEZ FELIX
4795 WEST FLAGLER ST.
MIAMI FL 33134

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 Section 607.0505, and 607.0506, Florida Statutes, the above named corporation submits the 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. Thereby, it is that the appointed as registered agent has agreed to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOPEZ, FELIX
ADDRESS 4795 WEST FLAGLER ST.
CITY MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

REMITTED BY MAY 1

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as registered agent, officer or director of the corporation for the purpose of Section 607.0505 and 607.0505 Florida Statutes, effective upon the date this report is required to be filed. I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR

(305)448-6666

0130015 CP