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FILED  
Jul 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V38337

(4)

1. Corporation Name

VITA-POTENCY, INCORPORATED

Principal Place of Business

8514 ROSE GROVES RD  
ORLANDO FL 32818  
US

Mailing Address

8514 ROSE GROVES RD  
ORLANDO FL 32818-5691  
US

2. Principal Place of Business

21 5734 CRAINDALE DR  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 831  
Suite, Apt. #, etc.

City & State

23 ORLANDO

City & State

28 WINDERMERE, FL

Zip

24 FL

Country

25 32819

Zip

29 34786

Country

30 ORANGE

9. Name and Address of Current Registered Agent

JERRYBANDAN, RAMNARINE  
8514 ROSE GROVES RD  
ORLANDO FL 32818

3. Date Incorporated or Qualified

05/22/1992

3a. Date of Last Report

07/02/1996

4. FEI Number

59-3129260

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

81 Name

JULIO CORREA

82 Street Address (P.O. Box Number is Not Acceptable)

5734 CRAINDALE DR.

83

84 City

ORLANDO

FL

85 Zip Code

32819

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

Signature, typed or printed name of registered agent and title if applicable

JULIO CORREA President

06-27-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME JERRYBANDAN, RAMNARINE  
STREET ADDRESS 8514 ROSE GROVES RD  
CITY-ST-ZIP ORLANDO FL

TITLE ST ☒ DELETE

NAME MAHABIR, AMAWATTIE  
STREET ADDRESS 1431 SACKETT CIR  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME JULIO CORREA

1.3 STREET ADDRESS P.O. BOX 831

1.4 CITY-ST-ZIP WINDERMERE FL 34786 / ORLANDO FL 32819

2.1 TITLE ST ☐ Change ☒ Addition

2.2 NAME SERGIO CORREA

2.3 STREET ADDRESS P.O. BOX 831

2.4 CITY-ST-ZIP WINDERMERE FL 34786 / ORLANDO FL 32819

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE REQUIRED

06-27-97 (42) 201 5205

CR21504 (9/96)

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