

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # v70650
1. Corporation Name

VIDA HEALTH PRODUCTS, INC.

Principal Place of Business
**1225 S.W. 27 Ave.
MIAMI, FL. 33135**

Mailing Address
**1225 S.W. 27 Ave.
MIAMI, FL. 33135**

3. Date Incorporated or Qualified
10/08/1992

3a. Date of Last Report
05/01/95

4. FEI Number
65-0405654

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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

28. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**MARRERO, RAYME
1225 S.W. 27 AVE.
MIAMI, FL. 33135**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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, 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: *Rayme Marrero*

6-7-96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	ROJAS, JESUS	
STREET ADDRESS	4727 S.W. 27 AVE.	
CITY-ST-ZIP	MIAMI, FL. 33155	
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. TITLE	D	☐ Change ☒ Addition
12. NAME	MARRERO, RAYME	
13. STREET ADDRESS	1225 S.W. 27 AVE.	
14. CITY-ST-ZIP	MIAMI, FL. 33135	
2. TITLE	D	☐ Change ☒ Addition
22. NAME	MARRERO, RAMIRO JR.	
23. STREET ADDRESS	1225 S.W. 27 AVE.	
24. CITY-ST-ZIP	MIAMI, FL. 33135	
3. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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*****225.00**

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 in 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: *Rayme Marrero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-96 (305) 541-7822

Day Entire Fee

CR2E034 (12/95)