

FILE NOW: FILING FEE AFTER MAY 15 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90003 005 ***150.00

DOCUMENT # P98000068850

1. Corporation Name

THE NATURAL MEDICINE'S INSTITUTE CO.

Principal Place of Business

Mailing Address

611303 - 90003 - 3

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/98

2. Principal Place of Business

2a. Mailing Address

21 10365 W. SAMPLE RD.

26 10365 W. SAMPLE RD.

4. FEI Number 65-0864115

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 CORAL SPRINGS, FL

28 CORAL SPRINGS, FL

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

24 33065 25 U.S.A.

29 33065 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

LUIS M. BONDY

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

10365 W. SAMPLE RD.

83

84 City

CORAL SPRINGS FL

85 Zip Code

33065

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.1 TITLE P 1.2 NAME LUIS M. BONDY 1.3 STREET ADDRESS 10365 W. SAMPLE RD. 1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE S,T 2.2 NAME MIRTHA R. BONDY 2.3 STREET ADDRESS 10365 W. SAMPLE RD. 2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE V 3.2 NAME ERIKA J. BONDY 3.3 STREET ADDRESS 10365 W. SAMPLE RD. 3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE V 4.2 NAME LUIS SALAS 4.3 STREET ADDRESS 10365 W. SAMPLE RD 4.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

LUIS M. BONDY

7/31/99

Date

(954) 7550846

Daytime Phone #

P4800000000000000

611303

Coral Springs, August 19, 1991


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

Dear Sirs:

As per my telephone conversation with your Department of State, I was advised to send you corporation annual reports with the original fee of \$150.00 because we never received the original annual reports.

I just came back to U.S.A. and found out that these payments were never sent.

Thank you.


Luis Bondy