PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90079 039 \*\*\*150.00

DOCU	MENT # P980001	102255		
NATURE	<b>EXPEDITIONS INTERNATION</b>	NAL, INC.		
				L HARRINGER LITE TOLER TOLER BOOK BOKEN BOKEN BOKEN GERNA GERNA CIDIN CIDIN KORTE ALIAN BUIL INCIN
_			· · · ,	
Principal Plac	ce of Business	Mailing Address		
222 ALEDO AVE		222 ALEDO AVE. CORAL GABLES FL 33134		
CORAL GABLES	5 FL 33134	CORME GADLES PE 33134		DO NOT WRITE IN THIS SPACE
				Date Incorporated or Qualifed
				12/07/1998 4. FEI Number A. Applied For
	Place of Business	28 7860 PETE	AS ROAD	4. FEI Number  Applied For Not Applicable
Suite, Apt.	D PETERS HOAD	26 160 PETE Suite, Apt. #, etc.	מאלים כא	\$8.75 Additional
22 SU	rre F-103		103	5. Certificate of Status Desired
City & Stat	PATION FLORIDA	28 PLAPTATION.	FLORIDA-	6. Election Campaign Financing
Zip	Country	Zip	Country	8. This corporation owes the current year intangible
24 333	324 25 USA	29 33324 3	可 USA	Personal Property Tax.
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent
L'ALTE	FMAN, JONATHAN		81 Name	
	ALEDO AVE.		82 Street A	ddress (P.O. Box Number is Not Acceptable)
	AL GABLES FL 33134		83	
}				
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named c	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office or a	registered agent, or both, in the State of	of Florida, Such change was aut	horized by the corpor	ration's board of directors. I hereby accept the appointment as registered
		gons of, Section Cof.USUS, Floriu	ia siaililes.	
1				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	agistared Agent eigneture rec	quest when remaining) DATE
SIGNATURE		t and title if applicable. (NOTE: R	egistered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	agistared Agent eigneture rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDERT Change DAKHOON
SIGNATURE	Signature, typed or printed neure of registered egent OFFICERS ANI	t and title if applicable. (NOTE: R	egistered Agent signature rec 13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT  Change BAddition  JONATHAN KAUFHAN
SIGNATURE 12. TITLE NAME	Signature, typed or printed neure of registered egent OFFICERS ANI	t and title if applicable. (NOTE: R	agistered Agent signature rec 13. 1.1 TITLE 1.2 NAME	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDERT Change DAddition JONATHAN KAUFHAN 222 ALEDO AVENUE C GRAL GARLE, FL 33134
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed neure of registered egent OFFICERS ANI	t and title if applicable. (NOTE: R	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT  Change
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed neure of registered egent OFFICERS ANI	T AND THE IT APPRICATION.  D DIRECTORS  DELETE	egistered Agent signature rec 13. 1.1 TITLE 1.2 NAME: 1.3 STREET ADDRESS 1.4 CTY-ST-ZP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDERT Change Baddition  JONATHAN KAUFHAN  222 ALEDO AVENUE  CORAL GABLE, FL 33134  VICE PRESIDENT Change BAddition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Stgnature, typed or printed neure of registered egent OFFICERS ANS	T AND THE IT APPRICATION.  D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT Change DAddition  JONATHAN KAUFHAN  2.2. ALEDO AUENUE C GRAL GABLE, FL 33134  VICE PRESIDENT Change DAddition  MAHA GABLS 1000 CARVIEW DRIVE # 1004
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Stgnature, typed or printed neure of registered egent OFFICERS ANS	T and the II applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME: 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT Change DAGdition  JONATHAN KAUFMAN  222 ALEDO AVENUE  CORAL GABLE, FL 33134  VICE PRESIDENT Change DAGdition  MANA GABS  1000 PARKULEN DRIVE # 1004  HALLANDALE, FL 33309
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Stgnature, typed or printed neure of registered egent OFFICERS ANS	T AND THE IT APPRICATION.  D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT Change DAddition  JONATHAN KAUFHAN  222 ALEDO AVENUE C GRAL GABLE, FL 33134  VICE PRESIDENT Change DAddition  IN AHA GAOSS 1000 PARKVIEW DRIVE # 1004  HALLANALE, FL 33309  VICE PRESIDENT Change DAddition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Stgnature, typed or printed neure of registered egent OFFICERS ANS	T and the II applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 4.5 TITLE 4.5 TIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT Change DAddition  JONATHAN KAUFHAN  222 ALEDO AVENUE C GRAL GABLE, FL 33134  VICE PRESIDENT Change DAddition  MAHA GAOSS 1000 PARKYIEW DRIVE # 1004  HALLANDALE, FL 33309  VICE PRESIDENT Change DAddition  DARRON CARBONI
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Stgnature, typed or printed neure of registered egent OFFICERS ANS	T and the II applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT Change DAddition  JONATHAN KAUFHAN  222 ALEDO AVENUE C GRAL GABLE, FL 33134  VICE PRESIDENT Change DAddition  MAHA GAOSS 1000 PARKVIEW DRIVE # 1004  HALLANDALE, FL 33309  VICE PRESIDENT Change DAddition  DARREN CARBONI  1308 SE 2 <sup>MO</sup> STREET  FORT LAUDERDALE, FL 33301
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	Signature, typed or printed neure of registered egent OFFICERS ANS	T and the II applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT Change DAddition  JONATHAN KAUFHAN  222 ALEDO AVENUE C GRAL GABLE, FL 33134  VICE PRESIDENT Change DAddition  MAHA GAOSS 1000 PARKVIEW DRIVE # 1004  HALLANDALE, FL 33309  VICE PRESIDENT Change DAddition  DARREN CARBONI  1308 SE 2 <sup>MO</sup> STREET
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Stgnature, typed or printed neure of registered egent OFFICERS ANS	A and 1996 if depotencie. (NOTE: R D DIRECTORS DELETE DELETE	agistared Agent signature nat 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT Change DAddition  JONATHAN KAUFHAN  222 ALEDO AVENUE C GRAL GABLE, FL 33134  VICE PRESIDENT Change DAddition  MAHA GAOSS 1000 PARKVIEW DRIVE # 1004  HALLANDALE, FL 33309  VICE PRESIDENT Change DAddition  DARREN CARBONI  1308 SE 2 <sup>HO</sup> STREET  FORT LAUDERDALE, FL 33301
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	Stgnature, typed or printed neure of registered egent OFFICERS ANS	I and the if eppleable. (NOTE: R D DIRECTORS D DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT
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14. I hereby cartily that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further cartify 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 eath; that I am an officer or director of the corporation or the receiver or to stee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or of an appearance of the corporation of the co

SIGNATURE:

FIRE REQUIRED

4-19-99 954-693-8852

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