

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **F79816** (7)

95 MAY -1 AM 9:47

1. Corporation Name

**SONIA NATURAL MOTION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

14508 NW 27TH AVE.  
MIAMI FL 33054

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MIAMI FL 33054

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/11/1982

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2204900

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

9. Name and Address of Current Registered Agent

**BRITO, ALBERTO JULIO**  
**845 SHEREZADE BLVD**  
**OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, 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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------|---|---|
| TITLE                      | <b>PST</b>                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRITO, ALBERTO JULIO</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>845 SHEREZADE BLVD</b>   | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | <b>OPA LOCKA FL</b>         | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 2.2 NAME  |   |
| STREET ADDRESS             |                             | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                             | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 3.2 NAME  |   |
| STREET ADDRESS             |                             | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                             | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 4.2 NAME  |   |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                             | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 5.2 NAME  |   |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                             | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                             | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 6.2 NAME  |   |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                             | 6.4 CITY, ST, ZIP                                     |   |

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)(c), 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 prepare this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Alberto Brito* President 2-14-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)