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FILED
May 23 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 # **G47260** **(6)**

1. Corporation Name
NATURAL BRANDS, INC.

Principal Place of Business
7700 NO KENDALL DR
STE 506
MIAMI FL 33156
US

Mailing Address
Natural Brands, Inc.
Fresh Squeezed Juices
P.O. Box 181388
Dallas, Texas 75218

3. Date Incorporated or Qualified: 07/05/1983	3a. Date of Last Report: 03/22/1996
4. FEI Number: 59-2341235	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	

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
HARRIS, THOMAS L
9300 S. DADELAND BLVD
#308
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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, 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 of person or persons of registered agent (and title if applicable)) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOT ☑ DELETE	1.1 TITLE	Director, President, Treasurer ☑ Change ☐ Addition
NAME	DUCHESNEAU, DONALD A	1.2 NAME	MRS. Dorothy A. McLaughlin
STREET ADDRESS	8511 CEDAR COVE COURT	1.3 STREET ADDRESS	8511 Cedar Cove Court
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	ORLANDO, FL. 32819
TITLE	PS ☑ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	DUCHESNEAU, DOROTHY A	2.2 NAME	
STREET ADDRESS	8511 CEDAR COVE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	Director, Vice President, Secretary ☐ Change ☑ Addition
NAME	DUCHESNEAU, DONALD A	3.2 NAME	Donald ~~Alan~~ Duchesneau
STREET ADDRESS	8511 CEDAR COVE COURT	3.3 STREET ADDRESS	8511 Cedar Cove Court
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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: Dorothy A. McLaughlin President 5-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)