SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # J42284 (6)

1. Corporation Name

AMERICAN NATURAL TRAIL, INC.

Principal Place of Business

480 NORTHWEST 20TH STREET #307
BOCA RATON FL 33431

Mailing Address

480 NORTHWEST 20TH STREET #307
BOCA RATON FL 33431

3. Date Incorporated or Qualified: 11/17/1986
3a. Date of Last Report: 02/24/1995
4. FEI Number: 65-0008658 — 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
21 112 N.E. 2nd Street
Suite, Apt #, etc.
22 —
City & State
23 Boca Raton, Florida
Zip
24 33432
Country
25 Palm Beach

2a. Mailing Address
26 112 N.E. 2nd ST.
Suite, Apt #, etc.
27 —
City & State
28 Boca Raton, Fla.
Zip
29 33432
Country
30 Palm Bch

9. Name and Address of Current Registered Agent

AMIRI, SAEED
480 NORTHWEST 20TH STREET #307
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: AMIRI, SAEED
82 Street Address (P.O. Box Number is Not Acceptable): 112 N.E. 2nd Street
83
84 City: Boca Raton FL 85 Zip Code: 33432

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: Saeed Amiri
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☑ DELETE
NAME	AMIRI, SAEED	
STREET ADDRESS	480 NW 20TH STREET #307	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☑ DELETE
NAME	AMIRI, PARVIN FALLAH-M	
STREET ADDRESS	480 NW 20TH STREET #307	
CITY-ST-ZIP	BOCA RATON FL	
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

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME	AMIRI, SAEED	
1.3 STREET ADDRESS	112 N.E. 2nd ST.	
1.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME	AMIRI, Parvin Fallah-M.	
2.3 STREET ADDRESS	112 NE 2nd ST.	
2.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Saeed Amiri — 6/28/96 — 561-391-0023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #