FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 22 AM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K31839** **(9)**

1. Corporation Name
NATURAL FIBER CORP.

Principal Place of Business	Mailing Address
2000 S. DIXIE HIGHWAY, SUITE 211-A MIAMI FL 33133-2451	2000 S. DIXIE HIGHWAY, SUITE 211-A MIAMI FL 33133-2451

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1988**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 3300 SW 94th Ave	26 3300 SW 94th Ave
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip / Country 24 33165 / 25 USA	Zip / Country 29 33165 / 30 USA

4. FEI Number: **65-0065020** ☐ 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	10. Name and Address of New Registered Agent
CORRIGAN, JOHN P., JR. 444 BRICKELL AVE SUITE 300 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CORRIGAN, JOHN P. JR	12 NAME	
STREET ADDRESS	8505 SW 133 ST	13 STREET ADDRESS	6230 S.W. 49 ST.
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FL. 33155
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	CORRIGAN, GLORIA	22 NAME	
STREET ADDRESS	8505 SW 133 ST	23 STREET ADDRESS	6230 S.W. 49 ST.
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL. 33155
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CORRIGAN, DRAKE	32 NAME	
STREET ADDRESS	444 BRICKELL AVE., STE. 300	33 STREET ADDRESS	2333 PONCE DE LEON BLVD. SUITE 303
CITY ST ZIP	MIAMI FL 33131	34 CITY ST ZIP	CORAL GABLES, FL. 33134
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	900001522159
STREET ADDRESS		43 STREET ADDRESS	-06/23/95--01075--016
CITY ST ZIP		44 CITY ST ZIP	****225.00 ****225.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

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)(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: John P. Corrigan 5/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0136234 CP