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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K48563** **(6)**

1. Corporation Name
NATURAL HEALTH TRENDS CORP.

Principal Place of Business	Mailing Address
5453 N. UNIVERSITY DRIVE LAUDERHILL FL 33351	5453 N. UNIVERSITY DRIVE LAUDERHILL FL 33351

2. Principal Place of Business	2a. Mailing Address
21 2001 WEST SAMPLE ROAD	26 2001 WEST SAMPLE ROAD
Suite, Apt. #, etc. 22 SUITE 318	Suite, Apt. #, etc. 27 SUITE 318
City & State 23 POMPANO BEACH, FL	City & State 28 POMPANO BEACH, FL
Zip 24 33064	Country 25 Broward
Zip 29 33064	Country 30 Broward

3. Date Incorporated or Qualified: 12/01/1988
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-2705336 ☐ 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

HELLER, NEAL R.
5453 NORTH UNIVERSITY DRIVE
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name: HELLER, NEAL R.
82 Street Address (P.O. Box Number is Not Acceptable): 2001 WEST SAMPLE ROAD
83 SUITE 318
84 City: POMPANO BEACH FL 85 Zip Code: 33064

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 date due to this filing (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELLER, ELIZABETH S. 3866 N. UNIVERSITY DR. SUNRISE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ST HELLER, ELIZABETH S 2001 WEST SAMPLE ROAD, SUITE 318 POMPANO BEACH, FL 33064	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELLER, NEAL R. 3866 N. UNIVERSITY DR. FT. LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P HELLER, NEAL R 2001 WEST SAMPLE ROAD, SUITE 318 POMPANO BEACH, FL 33064	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	200001786742 -04/19/96--01018--018 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	AEB 4-18-96	☐ Change ☐ Addition

CR2E034 (12/95)

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

SIGNATURE: _____ NEAL R. HELLER, CEO, PRES. 4/11/96 954-969-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #