

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K75832** (1)
1. Corporation Name
C & M NATURAL PRODUCT CORPORATION



Principal Place of Business

P O BOX 1156
CHIEFLND FL 32626

Mailing Address

P O BOX 1156
CHIEFLND FL 32626

3. Date Incorporated or Qualified 03/22/1989	3a. Date of Last Report 02/20/1995
4. FEI Number 59-2939033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**VELAZQUEZ, CRUZ M.
HIGHWAY 19 NORTH
CHIEFLND FL 32626**

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 typed or printed name of registered agent with the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	12. NAME	13. STREET ADDRESS
CITY-STATE-ZIP		14. CITY-STATE-ZIP	
TITLE	NAME	2. TITLE	NAME
NAME	STREET ADDRESS	22. NAME	23. STREET ADDRESS
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	NAME	3. TITLE	NAME
NAME	STREET ADDRESS	32. NAME	33. STREET ADDRESS
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	42. NAME	43. STREET ADDRESS
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	NAME	5. TITLE	NAME
NAME	STREET ADDRESS	52. NAME	53. STREET ADDRESS
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	NAME	6. TITLE	NAME
NAME	STREET ADDRESS	62. NAME	63. STREET ADDRESS
CITY-STATE-ZIP		64. CITY-STATE-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)(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: *Cruz M. Velazquez* **CRUZ M. VELAZQUEZ** 2/20/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)