## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K98620** 

(3)

NATURE'S FINEST, INC. Principal Place of Business Mailing Address 8523 S. DIXIE HIGHWAY 8523 S. DIXIE HIGHWAY MIAMI FL 33143-7809 MIAMI FL 33143 3, Date Incorporated or Qualified 3a. Date of Last Report 06/28/1989 04/10/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0144731 21 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc **\$8.75** Additional 5. Certificate of Status Desired 22 27 Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution ZipCountry Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **GUBERNICK, HARRIS** 10160 SW 99TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 City 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 Stgrature, typed or produce came of registered agent and title if appricable (NOTE: Registered Agent signature required when re-natating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. DELETE Change Addition 1.1 TITLE THE **GUBERNICK, HARRIS** NAME 1.2 NAME 10160 SW 99TH AVE STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST - 7IP CHY-ST-ZIP DELETE D Change Addition 2.1 TITLE TITLE GUBERNICK, GAIL 2.2 NAME 10160 SW 99TH AVE 2.3 STREET ADDRESS STREET ADDICESS MIAMI FL CITY-S1-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change THEF LEFF, SAMUEL 3.2 NAME NAME 8713 SW 81ST CT STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL City - \$1 - ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE THE LEFF, ROBERTA 4. 2 NAME NAME 8713 SW 81ST CT 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL City - \$1 - Zin 4.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP CdV+SI+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.

5.1 TITLE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

**63 STREET ADDRESS** 

SIGNATURE:

TILLE

TITLE

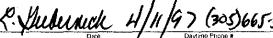
NAME STREET ADDRESS

STREET ADDRESS CHY-SI-ZIF

> SMANATURE REQUIRER SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE



Change

Change

0196318

☐ Addition

Addition

**FILED** 

Apr 15 1997 8:00am

Secretary of State