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

Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 (1)DOCUMENT # M91077 NATURE'S FOOD, INC. Principal Place of Business Mailing Address % LILIANA BATISTA % LILIANA BATISTA 11911 U.S. HIGHWAY ONE. SUITE 103 11911 U.S. HIGHWAY ONE, SUITE 103 DO NOT WRITE IN THIS SPACE NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 3. Date Incorporated or Qualified 07/13/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0059334 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BATISTA, LILIANA *701 DEMINATA DAK CT. 745 DOGWOOD RD. Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 3340 - N.P.B., FL 33408 83 84 City 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 Londa. 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or preced name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition BATISTA, LILIANA NAME 1.2 NAME 7701 GEMINATA OAK COURT- 745 DOGWOOD P.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL NO. PALM BCH. CITY-ST-76 1.4 C(1Y - S1 - Z(f) FL 33408 DELFTE Change TITLE 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 C(TY - S1 - 7)P CITY-ST-ZIP DELETE Change Addition TITLE 3 1 1IFLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change DELETE Addition TITLE 6.1 THE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 suppliencental 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 trusted 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.

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