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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

P27567

(7)

1. Corporation Name NATRA US INC. Principal Place of Business 1522 SAN IGNACIO CORAL GABLES FL 33146 US US								
			-		3. Date incorporated or Qualified 01/04/1990	3a. Date 04	of Last R /25/19	
	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21 Cuito Ant	# ata	[26]			11-2828288			Not Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 24	Country 25	Zip 29	Coun	itry	8. This corporation has liability for	intangible tax		
	9. Name and Address of Curre				10. Name and Address of New F		gent	
				B1 Name				
TANEN, JEFFREY S ESQ ONE BISCAYNE TOWER STE 3250				B2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
							****	**************************************
2 S BISCAYNE BLVD			1	B3				
MIAMI 33131			Ī	84 City	FL 85 Zip Code			p Code
ör registe familiar w	to the provisions of Sections 607.05b ered agent, or both, in the State of Flo rith, and accept the obligations of, Se	orida. Such change was authori z	ed by the co	arporation's boa	red of disputars. I barabu appared the son	ointment as r	redistered	lagent. Lam
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SIGNATURE	Signature typed or printed came of registered age OFFICERS A	on and the Italysicans NC	TE Flogistered A	gant signature require		DATE ICERS AND	DIRECTO	
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1. For hereby certify that the information supplied with this fining is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, if 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:

MATURE AND YPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECT

ALFREDO FAUBEL 1/26/46 305 66