

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

DOCUMENT # P93000025767 (3)  
1. Corporation Name  
NATURAL ORGANIC PRODUCTS INTERNATIONAL, INC.



Principal Place of Business  
710 S. ROSSITER STREET  
MT. DORA FL 32757  
US

Mailing Address  
PO BOX 925  
MT. DORA FL 32757-0925

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/08/1993		04/17/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3179612		Not Applicable	
24 Country		29 Country		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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROGERS, BONNIE 710 S ROSSITER STREET MT DORA FL 32757				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 and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRiffin, IVAN			12 NAME			
STREET ADDRESS	RT 1 BOX 223 N/A			13 STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD MO			14 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRiffin, EVELYN			22 NAME			
STREET ADDRESS	25742 STATE HWY 25			23 STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD MO			24 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, JAMES			32 NAME			
STREET ADDRESS	30849 VISTA VIEW			33 STREET ADDRESS			
CITY-ST-ZIP	MT. DORA FL			34 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, BONNIE			42 NAME			
STREET ADDRESS	30849 VISTA VIEW			43 STREET ADDRESS			
CITY-ST-ZIP	MT. DORA FL			44 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRiffin, GERALD			52 NAME			
STREET ADDRESS	25742 STATE HWY. 25			53 STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD MO			54 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRiffin, SUE			62 NAME			
STREET ADDRESS	RT. 1, BOX 223			63 STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD MO			64 CITY-ST-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.

SIGNATURE: SIGNATURE: Bonnie Rogers 04/22/97 352 222 925

CR2E034 (9/96)