

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Susan B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -6 PM 2:11

DOCUMENT # P93000067614 (6)

1. Corporation Name:
NATURAL SURROUNDINGS, INC.



Principal Place of Business: **8310 SW 11TH TER MIAMI FL 33144**
Mailing Address: **8310 SW 11TH TER MIAMI FL 33144**

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

3. Date Incorporated or Date Filed: **09/28/1993**
3a. Date of Last Report: **07/26/1995**
4. FEI Number: **65-0439899**
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. 193.04, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**BALARIN, JORGE
8310 SW 11TH TER
MIAMI FL 33144**

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 607.02(2) and 607.04(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of a registered agent. I am familiar with and accept the obligations of Section 607.04(1), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS:
TITLE: **DP**
NAME: **BALARIN, JORGE**
STREET ADDRESS: **8310 SW 11TH TER**
CITY-ST-ZIP: **MIAMI FL 33144**
[Additional empty rows for officers and directors]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
[Change] [Addition]
nc 9/6
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-09/12/96--01108--005
******225.00 ****225.00**
[Change] [Addition]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the description stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is filed on the annual report or supplemental report as required by law, and as true and correct, and that my signature shall have the same legal effect as if made under oath. It is a condition of filing for this corporation or the registered agent, as empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report or certificate attachment without address.

SIGNATURE: **Jorge R. Balarin** (Signature) **8/1/96** (Date) **(305) 880-5106** (Phone)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR