

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT #P93000085216

1. Corporation Name

NATURAL Professional Nutrition Inc.

Principal Place of Business

Mailing Address

13011 SW 88TH LANE  
MIAMI FL 33186

2. Principal Place of Business

21 13011 SW 88TH LANE

Suite, Apt. #, etc.

22 APT A103

City & State

23 MIAMI FL

Zip

24 33186

Country

25 U.S.A

26. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

12-20-93

3a. Date of Last Report

4. FEI Number

650453847

Applied For

Not Applicable

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARITZA LESASSIER  
13011 SW 88TH LANE APT A103  
MIAMI FL 33186

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 607.0502 and 607.1502, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

MARITZA LESASSIER

MARITZA LESASSIER

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GUILLERMO LESASSIER  
STREET ADDRESS 13011 SW 88TH LANE APT A103  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME MARITZA LESASSIER  
STREET ADDRESS 13011 SW 88TH LANE APT A103  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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\*\*\*200.00

4-26-96

267-5790

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