

P94000046003

1995 Annual Report

Filed 7-26-95

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(The report was originally
Filed with the wrong doc #
on it.)

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL 26 PM 2: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

1. Corporation Name

True Organic Products, Inc.

DOCUMENT #

024
P-93000046003

2. Mailing Address

**3505 S. Ocean Drive
Suite #712
HOLLYWOOD, Florida 33019**

Principal Place of Business

P94000046003

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. Mailing Address

7902 NW 36th Street

Suite, Apt. #, etc.

Suite #213

City & State

MIAMI, Florida

Zip

33166

County

U.S.

2a. Principal Place of Business

7902 NW 36th Street

Suite, Apt. #, etc.

Suite #213

City & State

MIAMI, Florida

Zip

33166

County

U.S.

3. Name and Address of Current Registered Agent

**Dr. Ralph Miniet
7902 NW 36th Street
Suite #213
MIAMI, Florida 33166**

3. Date Incorporated or Qualified

6/14/94

3a. Date of Last Report

4. FEI Number

65-0500747

Applied For

Not Applicable

5. Certificate of Status Desired

SB 75

6. Section Campaign
Financing Trust
Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit Exempt from \$136.75
Supplemental Fee ☐

8. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.1508 or Sections 617.0502 and 617.1508, 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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE: *Ralph Miniet*

DATE **January 06th, 1995**

12. OFFICERS AND DIRECTORS

12.1 NAME **PD**
12.2 NAME **Ralph Miniet**
12.3 STREET ADDRESS **7902 NW 36th Street, Suite #213**
12.4 CITY, ST., ZIP **MIAMI, Florida 33166**

12. CHANGES TO OFFICERS AND DIRECTORS

12.1 NAME
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST., ZIP
12.5 NAME
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12.7 STREET ADDRESS
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12.96 CITY, ST., ZIP
12.97 NAME
12.98 NAME
12.99 STREET ADDRESS
13.00 CITY, ST., ZIP

**600001547736
-07/27/95--01064--002
***225.00 ***225.00**

14. I hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Stat., Florida Statutes. I request that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I have filed all corporations concerning unexpired property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph Miniet*

Jan. 06th, 1995