FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Mar 28 1996 8:00 am
Secretary of State

DOCUMENT # P94000057450 (6)

1. Corporation Name
NUTRI HERB, INC.

Principal Place of Business: 3825 INVESTMENT LANE, RIVIERA BEACH FL 33404

Mailing Address: 3825 INVESTMENT LANE, RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified: 08/03/1994

3a. Date of Last Report: 07/25/1995

2. Principal Place of Business
21 8295 No. Military Tr
Suite, Apt. #, etc.
22 Suite C
City & State
23 P.Beach Gardens, Fl
Zip
24 33410
County
25 Palm Beach

2a. Mailing Address SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0513759 ☐ 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**

AUSTIN, KEITH C JR.
501 SOUTH FLAGLER DR.
SUITE 306
WEST PALM BEACH FL 33401

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, 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] Keith C Austin   DATE 3/25/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KEYS, TED F	
STREET ADDRESS	3825 INVESTMENT LANE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	☐ DELETE
NAME	HASSON, JACK	
STREET ADDRESS	11973 LAKESHORE PLACE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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] TED KEYS 3/25/96 (407) 863-7469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #