SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -6 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073370 (6)**

1. Corporation Name

NEW ERA NATURAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
540 BRICKELL KEY 2 DRIVE UNIT 706 MIAMI FL 33129	540 BRICKELL KEY 2 DRIVE UNIT 706 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1994 | 3a. Date of Last Report:

2. Principal Place of Business 21 1491 SOUTH MIAMI AVE.	2a. Mailing Address 26 1491 SOUTH MIAMI AVE	4. FEI Number 065052656?7	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 MIAMI FL	City & State 28 MIAMI FL	6. [illegible] ☐	**$5.00** May Be Added to Fees
24 33130 25 Country U.S.A.	29 33130 30 Country U.S.A.	8. This corporation files voluntarily for chapter 119 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEKI, SEICIRO 540 BRICKELL KEY 2 DR. UNIT 706 MIAMI FL 33129	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 607.0202 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] JUNE/12/95
Signature of new registered agent (if changing) | Signature required for reinstatement | DATE

12. OFFICERS AND DIRECTORS	13.		
TYPE NAME STREET ADDRESS CITY-ST-ZIP	PD SEKI, SEICIRO 540 BRIKCELL KEY 2 DR. #706 MIAMI FL 33129	61 TYPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	PRESIDENT DIRECTOR ☐ Change ☒ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	SD MUHARRAM, ADHEMAR M 540 BRIKCELL KEY 2 DR. #706 MIAMI FL 33129	71 TYPE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP	SECRETARY DIRECTOR ☐ Change ☒ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		11 TYPE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		41 TYPE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		51 TYPE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		61 TYPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is absolutely furnished and 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 any attachment with an address.

SIGNATURE: [signature] JUNE/12/95 (305)379-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
ADHEMAR M. MUHARRAM

CR2E034 (3/95)

000206 CP