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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 21 1996 8:00 am
Secretary of State

DOCUMENT # P94000073370 (6)

1. Corporation Name

NEW ERA NATURAL PRODUCTS, INC.

Principal Place of Business	Mailing Address
1491 SOUTH MIAMI AVENUE UNIT 706 MIAMI FL 33130 US	1491 SOUTH MIAMI AVENUE UNIT 706 MIAMI FL 33130 US

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report: 07/06/1995
4. FEI Number: 65-0526567 — 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

	2. Principal Place of Business		2a. Mailing Address
21	1491 S. MIAMI AVE.	26	1491 S. MIAMI AVE.
22	Suite, Apt. #, etc: —	27	Suite, Apt. #, etc.: —
23	City & State: MIAMI, FL	28	City & State: MIAMI, FL
24	Zip: 33130	29	Zip: 33130
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

SEKI, SEICIRO
540 BRICKELL KEY 2 DR.
UNIT 706
MIAMI FL 33129

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		Delete	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change/Addition
TITLE	PD	☒ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SEKI, SEICIRO		1.2 NAME		
STREET ADDRESS	540 BRIKCELL KEY 2 DR. #706		1.3 STREET ADDRESS	425 GLENRIDGE RD.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	SD	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MUHARRAM, ADHEMAR M		2.2 NAME		
STREET ADDRESS	540 BRIKCELL KEY 2 DR. #706		2.3 STREET ADDRESS	425 GLENRIDGE RD.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in ~~Block~~ 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MUHARRAM ADHEMAR M.

Date: 08/07/1996 Daytime Phone #: (305) 3795900