

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000073370 (6)

1. Corporation Name

NEW ERA NATURAL PRODUCTS, INC.



Principal Place of Business

Mailing Address

4401 G MIAMI AVE  
MIAMI FL 33130  
US

4401 G MIAMI AVE  
MIAMI FL 33130  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3322 NE 33rd ST

Suite, Apt. #, etc.

22

City & State

23 FT LAUDERDALE

Zip

24 33308

Country

25 US

2a. Mailing Address

26 3322 NE 33rd ST

Suite, Apt. #, etc.

27

City & State

28 FT LAUDERDALE

Zip

29 33308

Country

30 US

3. Date Incorporated or Qualified

10/06/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SEKI, SEIICHIRO  
540 BRICKELL KEY 2 DR. 9167, RANBLEDWOOD DR.  
UNIT 700  
APT. 416  
MIAMI FL 33120

CORAL SPRINGS,  
FL. 33071-7062

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3322 NE 33rd ST

83

84 City

FT LAUDERDALE

FL

85 Zip Code  
33308

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

April 26, 1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ~~PD~~  
SEKI, SEIICHIRO  
STREET ADDRESS 425 GLENRIDGE RD  
CITY-ST-ZIP KEY BISCAYNE FL

TITLE ☒ DELETE

NAME SD  
MUHAMMAD, ADHEMAR M  
STREET ADDRESS 425 GLENRIDGE RD  
CITY-ST-ZIP KEY BISCAYNE FL

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

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME SECRETARY  
2.3 STREET ADDRESS FERNANDO D'AVILA  
2.4 CITY-ST-ZIP 3322 NE 33rd ST  
PT LAUDERDALE FL 33308

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

14. I hereby certify that the information supplied with this filing 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 an attachment with an address.

SIGNATURE

April 26, 1998 (954) 977-4454

CP2E034 (10/97)