

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90234 017 ***150.00

DOCUMENT # P94000073370

1. Corporation Name

NEW ERA NATURAL PRODUCTS, INC.

Principal Place of Business

3322 NE 33RD STREET
FT LAUDERDALE FL 33308
US

Mailing Address

3322 NE 33RD STREET
FT LAUDERDALE FL 33308
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2805 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

22 389

City & State

23 FT. LAUDERDALE FL

Zip

24 33306

Country

25 USA

2a. Mailing Address

26 P.O. BOX 6217

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL

Zip

29 33306-6217

Country

30 USA

9. Name and Address of Current Registered Agent

SEKI, SEICIRO
3322 NE 33RD STREET
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name FERNANDO D'AVILA

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

2805 E. OAKLAND PARK BLVD - # 389

83

84

City LAUDERDALE

FL

85 Zip Code 33306

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

FERNANDO D'AVILA

APRIL 15, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☒ DELETE

TITLE S
NAME DAVILA, FERNANDO
STREET ADDRESS 3322 NE 33RD STREET
CITY-ST-ZIP FT LAUDERDALE FL 33308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

FERNANDO D'AVILA

APRIL 15, 99

(754) 346-7283

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)