

**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

DOCUMENT # P95000034072 (5)

1. Corporation Name

NATURAL ENERGY, INC.



Principal Place of Business

12273 S.W. 18 TERRACE  
MIAMI FL 33175

Mailing Address

12273 S.W. 18 TERRACE  
MIAMI FL 33175

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 9605 N.W. 79 Avenue

Suite, Apt. #, etc.

22 BAY # 25

City & State

23 Hialeah Gardens, Fl

Zip

24 33016

Country

2a. Mailing Address

26 9605 N.W. 79 Avenue

Suite, Apt. #, etc.

27 BAY # 25

City & State

28 Hialeah Gardens, Fl

Zip

29 33016

Country

30

4. FEI Number

65-0601217

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

JOYA, JORGE  
12273 S.W. 18 TERRACE  
MIAMI FL 33175

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

(N31) Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ISSAC	
STREET ADDRESS	8100 S.W. 147 COURT	
CITY - ST - ZIP	MIAMI FL 33196	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUIROZ, WILSCCE	
STREET ADDRESS	8075 N.W. 7 ST APT #512	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOYA, ANA	
STREET ADDRESS	12273 S.W. 18 TERRACE	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOYA, JORGE	
STREET ADDRESS	12273 S.W. 18 TERRACE	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

*Isaac Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/96 (30) 919 3777  
DATE DAY/MONTH/YEAR PHONE #

CR2E034 (12/95)