

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

DOCUMENT # P95000044667

1. Corporation Name

NATURAL INDUSTRIES, INC.

Principal Place of Business

450 N PARK ROAD
STE 710
HOLLYWOOD FL 33021
US

Mailing Address

PO BOX 141028
CORAL GABLES FL 33114

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MCKENDREE, T
3660 POINCIANA
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1995

4. FEI Number

65-0596888

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

10. Name and Address of New Registered Agent

81 Name Cecilia Silva

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

450 N. Park Road Ste 710

83 Miami Beach, FL 33132

84 City Hollywood

85 Zip Code FL 33021

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

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

Cecilia Silva

24/4/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ARANAS, CRISTINE
STREET ADDRESS CRA 9 N. 111-45
CITY-ST-ZIP SANTAFE DE BOGOTA CO

DELETE

TITLE VP
NAME ARANAS, C
STREET ADDRESS CRA 9 N 111-45
CITY-ST-ZIP SANTA FE DE GOGOTA CO

DELETE

TITLE P
NAME MCKENDREE, T
STREET ADDRESS 3660 POINCIANA
CITY-ST-ZIP COCONUT GROVE FL 33133

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Mario Kurnig
1.3 STREET ADDRESS Res. Palmar Este
1.4 CITY-ST-ZIP #86 Ave. La Costanera, Caraballeda
Venezuela ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP
4.2 NAME Nelson Fairfoot
4.3 STREET ADDRESS Piso 2 Apto 22 Edif. El Socorro
4.4 CITY-ST-ZIP Ave. Forces de Armada, Caracas
Venezuela ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SILVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29/4/99

(305)665-5755

CR2E034 (1/98)

0175938

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90220 050 ***150.00

