


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 95000057275 (6) 1. Corporation Name NATURALLY Gifted INC.			
Principal Place of Business 9330 S.W. 48st Miami FL 33165		Mailing Address 9330 S.W. 48st Miami FL 33165	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 7/24/95		3a. Date of Last Report 65 0597197	
4. FEI Number 65 0597197		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Rios, Gabriela 9330 S.W. 48st Miami FL 33165		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 officer, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-STATE-ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP 12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-STATE-ZIP 12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-STATE-ZIP 12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-STATE-ZIP 12.33 TITLE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY-STATE-ZIP 12.37 TITLE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY-STATE-ZIP 12.41 TITLE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY-STATE-ZIP 12.45 TITLE 12.46 NAME 12.47 STREET ADDRESS 12.48 CITY-STATE-ZIP 12.49 TITLE 12.50 NAME 12.51 STREET ADDRESS 12.52 CITY-STATE-ZIP 12.53 TITLE 12.54 NAME 12.55 STREET ADDRESS 12.56 CITY-STATE-ZIP 12.57 TITLE 12.58 NAME 12.59 STREET ADDRESS 12.60 CITY-STATE-ZIP 12.61 TITLE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY-STATE-ZIP 12.65 TITLE 12.66 NAME 12.67 STREET ADDRESS 12.68 CITY-STATE-ZIP 12.69 TITLE 12.70 NAME 12.71 STREET ADDRESS 12.72 CITY-STATE-ZIP 12.73 TITLE 12.74 NAME 12.75 STREET ADDRESS 12.76 CITY-STATE-ZIP 12.77 TITLE 12.78 NAME 12.79 STREET ADDRESS 12.80 CITY-STATE-ZIP 12.81 TITLE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY-STATE-ZIP 12.85 TITLE 12.86 NAME 12.87 STREET ADDRESS 12.88 CITY-STATE-ZIP 12.89 TITLE 12.90 NAME 12.91 STREET ADDRESS 12.92 CITY-STATE-ZIP 12.93 TITLE 12.94 NAME 12.95 STREET ADDRESS 12.96 CITY-STATE-ZIP 12.97 TITLE 12.98 NAME 12.99 STREET ADDRESS 12.100 CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-STATE-ZIP 13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-STATE-ZIP 13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-STATE-ZIP 13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-STATE-ZIP 13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-STATE-ZIP 13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-STATE-ZIP 13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-STATE-ZIP 13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-STATE-ZIP 13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-STATE-ZIP 13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-STATE-ZIP 13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-STATE-ZIP 13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-STATE-ZIP 13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-STATE-ZIP 13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-STATE-ZIP 13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-STATE-ZIP 13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-STATE-ZIP 13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-STATE-ZIP 13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-STATE-ZIP 13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-STATE-ZIP 13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-STATE-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 contained 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, unchanged, or on an attachment with an address.			
SIGNATURE: Sandra B. Mortham SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/16/97 (305) 457-1251	

CR2E034 (9/96)