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 # **P95000087084**1. Corporation Name

NAKED EARTH SOCIETY CO.

Principal Place of Business						
901 PENNSYLVANIA AVE	#2					
MIAMI BEACH FL 33139	. *					

Mailing Address

1525 MERIDIAN AVE #210 MIAMI BEACH FL 33139

May 06, 1999 8:00 am Secretary of State

05-06-1999 90172 008 ***150.00



DO NOT WRITE IN THIS SPACE

		US		BO NOT WHEN THE GO		
				3. Date Incorporated or Qualifed 11/14/1995		
2 Paire 1 - 1 P	Ness of Pusiness	2a. Mailing Address		4. FEI Number	Applied For	
— ·	Place of Business	⊢				
21		26		65-0619632	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	88.75 Additional Fee Required	
City & Stat	te .	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	ble	
24	25	29 30		Personal Property Tax.	Yes □No	
	9. Name and Address of Current			10. Name and Address of New Registered Age	nt	
			81 Name			
BRITO, GEORGE						
	407 LINCOLN RD. #5B			82 Street Address (P.O. Box Number is Not Acceptable)		
	MI BEACH FL 33139					
MIA	MI DEACH FE 33139		83			
			84 City	я	5 Zip Code	
			City	FL [J 2.p 00	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the above-named corp	poration submits this statement for the purpose of cha	nging its registered	
office or r	registered agent, or both, in the State o	if Florida. Such change was autho	orized by the corporation	on's board of directors. I hereby accept the appointment	ent as registered	
agent. I a	m familiar with, and accept the obligation	ons of Section 607.0505, Florida	Statutes.			
SIGNATURE		1/186		ad when reinstating) DATE		
40 .	Signature, typed or printed name of registered agent		istered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
12.	OFFICERS AND			l	enange	
TITLE	PVTS	[] Dereie	1.1 TITLE P	[VI] []	periange	
NAME	ABALOS, SHERYN		1.2 NAME			
STREET ADDRESS	1525 MERIDIAN AVE #210		1.3 STREET ADDRESS / 5	525 MERIDIAN AVE HZ	10	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	IAMI BEACH, FL 33139		
TITLE	PVTS	☐ DELETE	0.1777	761 ' -	Change Addition	
NAME	ALABOS, SHERYN		2.2 NAME	ANE HOBBS 135-MERIDIAN AVE HZI		
			2.3 STREET ADDRESS 15	TO MERINIAN AVE HZI	۱ د	
STREET ADDRESS	1000 1110 1111 1		2.3 STREET ADDRESS TS	14M1 0-A/11 C 22139		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY-ST-ZIP	HAMI BEACH, FL 33139	Change Addition	
TITLE			3.1 TITLE		Journal Dydonous	
NAME	1	J.	3 2 NAME			
STREET ADDRESS	1					
CITY-ST-ZIP			3.3 STREET ADDRESS			
			3.4 CITY-ST-ZIP			
TITLE					Change Addition	
		☐ DELETE	3.4 CITY-ST-ZIP		Change Addition	
NAME		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition	
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Interest certify that the information supplied with this filling 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

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