

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90010 002 ***550.00

DOCUMENT # **P95000089154**

1. Corporation Name

SCIENTIFIC NATURAL PRODUCTS, INC.



Principal Place of Business

Mailing Address

788 N.W. 42ND AVENUE #52T
MIAMI FL 33126

P.O. BOX 140701
CORAL GABLES FL 33144-0701
US

8358 SW 8 Street
MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1995

2. Principal Place of Business

21 8358 S.W. 8 Street

Suite, Apt. #, etc.

22 MIAMI, FL 33144

City & State

23

Zip

24

Country

25 DADE

26

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0621738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required.

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

SKUPIN, ALVARO M.D.
5757 COLLINS AVE APT 501
MIAMI BEACH FL 33140

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.

(NOTE: Registered Agent signature required when reinstating)

8/2/99
DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D SKUPIN, ALVARO M.D.

5757 COLLINS AVE, APT 501

MIAMI BEACH FL 33140

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/2/99

CR2E034 (5/99)

0054184