PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000072697**1. Corporation Name

SANAR NATURAL PRODUCTS, INC.

			_			
Principal Place of Business Mailing Address		Mailing Address			· · · · · · · · · · · · · · · · · · ·	
6712 NW 72ND AVENUE		6712 NW 72ND AVENUE				
MIAMI FL 33166		MIAMI FL 33166			DO NOT WRITE IN THIS S	PBACE
					3. Date Incorporated or Qualifed	SPACE
0.0: ::::0	(During)	2- Mailing Address	_		09/03/1996 4. FEI Number	Applied For
		2a. Mailing Address			65-0691883	Not Applicable
21	<u>.</u>	Suita Ant # etc			0070091000	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required
22     27					2 Station Communication	
City & State	2	<u> </u>	·		6. Election Campaign Financing Trust Fund Contribution	\$5.00_May.Be Added to Fees
Zip	Country	Zip	Country		This corporation owes the current year Inta	
<b>-</b>	·	29 30				No Ingole Mariana Ingole
24	9. Name and Address of Current	<del></del>	<u> </u>		10. Name and Address of New Registered A	<i>r</i>
	9. Name and Address of Content	Jehistorien Warit	81	Name	10. Italian and Camina and Camina	
SANCERNI, ARMANDO			Ĺ			
6712 NW 72ND AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	,
MIAMI FL 33166			83			·
**						
			84	City	FL	85 Zip Code
44 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named corno	pration submits this statement for the purpose of c	handing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was author	onzed by	the corporatio	n's board of directors. I hereby accept the appoin	tment as registered
SIGNATURE	Signature, typed or printed name of registered agent a	ed title if applicable (NOTE: Rec	vietered Agen	t signature required	(when reinstating) DATE	[
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	SANCERNI, ARMANDO	_	1.2 NAME			
STREET ADDRESS			1.3 STREET	T ADDRESS		
	1 mar n = 1 an an an		1.4 CITY-S			
CITY-ST-ZIP			2.1 TITLE	1-211		☐ Change ☐ Addition
TITLE	_		2.2 NAME			
NAME	SANCERNI, OLGA					
STREET ADDRESS	6712 NW 72ND AVENUE		2.3 STREET		•	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		Change Addition
TITLE			3.1 TITLE	1		
NAME	0.0000000000000000000000000000000000000		3.2 NAME			
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		3.3 STREET	FADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE	_		4.1 TITLE	!		☐ Change ☐ Addition
NAME	4.2N		4. 2 NAME	İ		
STREET ADDRESS	REET ADDRESS 4.3 ST		4.3 STREET	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		•	}
STREET ADDRESS			53STREET	TADDRESS		j
			0.0 0 // 1.20			į
CITY-ST-ZIP			5.4 CITY-S			
CITY-ST-ZIP TITLE		☐ DELETE				☐ Change ☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90168 047 \*\*\*158.75