

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

FILED

Feb 05 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 # P96000082245 (7)

1. Corporation Name
SCENTS OF NATURE ENTERPRISES CORP.



Principal Place of Business 1450 NORTHWEST 21 STREET MIAMI FL 33142	Mailing Address 1450 NORTHWEST 21 STREET MIAMI FL 33142-7730
---	--

3. Date Incorporated or Qualified 10/04/1996	3a. Date of Last Report
4. FEI Number 65-0699843	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent	
81 Name MARCO PIGOZZO	
82 Street Address (P.O. Box Number is Not Acceptable) 1450 N.W. 21ST ST.	
83	
84 City MIAMI	85 Zip Code FL 33142

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]* DATE **1/28/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD URCUYO, LUIS
STREET ADDRESS	1450 NORTHWEST 21 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> DELETE
NAME	VD PIGOZZO, MARCO
STREET ADDRESS	1450 NORTHWEST 21 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> DELETE
NAME	VD PERCOVICH, JORGE
STREET ADDRESS	1450 NORTHWEST 21 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> DELETE
NAME	SO MORENO-BO, MARCOS C
STREET ADDRESS	1450 NORTHWEST 21 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> DELETE
NAME	TD MORENO-BO, MARCELO
STREET ADDRESS	1450 NORTHWEST 21 STREET
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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]* DATE **1/28/97** (BUS) 547-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
0196206

CR2E034 (9/96)