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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000093387 (4)**

1. Corporation Name
NUTRICION NATURAL, INC.

Principal Place of Business
8955 S.W. 6TH CT.
PLANTATION FL 33324

Mailing Address
8955 S.W. 6TH CT.
PLANTATION FL 33324-3730

3. Date Incorporated or Qualified: **11/08/1996**
3a. Date of Last Report: **11/1996**

2. Principal Place of Business
21 8955 S.W. 6th Ct.
Suite, Apt. #, etc.
22 —
City & State
23 PLANTATION, FL
Zip 24 33324 Country 25 BROWARD

2a. Mailing Address
26 2269 S. UNIVERSITY DR
Suite, Apt. #, etc.
27 #F137
City & State
28 FT. LAUD., FL
Zip 29 33324 Country 30 BROWARD

4. FEI Number: 65-0726110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BERNAL, EDUARDO
8955 S.W. 6TH CT.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name MARLENE BERNAL
82 Street Address (P.O. Box Number is Not Acceptable) 8955 S.W. 6th Ct.
83
84 City PLANTATION FL 85 Zip Code 33324

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: MARLENE BERNAL, PRESIDENT Marlene Bernal 3/17/97
Signature required when changing registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	ISAAC MURCIANO	12 NAME	MARLENE BERNAL
STREET ADDRESS	9038 N.W. 6th Ct.	13 STREET ADDRESS	8955 SW 6th Ct.
CITY-ST-ZIP	PLANTATION, FL 33324	14 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	☒ DELETE	21 TITLE	VICE PRESIDENT, ☒ Change ☐ Addition
NAME	SALOMON MURCIANO	22 NAME	EDUARDO BERNAL
STREET ADDRESS	9038 N.W. 6th Ct.	23 STREET ADDRESS	8955 S.W. 6th Ct.
CITY-ST-ZIP	PLANTATION, FL 33324	24 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	☐ DELETE	31 TITLE	SECRETARY, TREASURER ☒ Change ☒ Addition
NAME		32 NAME	JACQUELINE GOSHINE
STREET ADDRESS		33 STREET ADDRESS	8955 S.W. 6th Ct.
CITY-ST-ZIP		34 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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: MARLENE BERNAL, PRESIDENT Marlene Bernal 3/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date