

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

APPROVED
AND
FILED

1997 OCT -2 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **99600093387**
1. Corporation Name

Nutricion Natural INC.

Principal Place of Business
Florida

Mailing Address
**8955 SW 6 Ct.
Plantation, FL.
33324**

3. Date Incorporated or Qualified
11.8.96

3a. Date of Last Report
9.26.97

2. Principal Place of Business Florida	2a. Mailing Address 2209 South University Drive Suite 137 Davie, FL 33324
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 65-0726110	Applied For <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Marlene Bernal
8955 SW 6 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)
SAME

83. City
FL

84. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE ST.	<input checked="" type="checkbox"/> DELETE
NAME Jaqueline Goshine	
STREET ADDRESS 8955 SW 6 Ct.	
CITY-ST-ZIP Plantation, FL. 33324	
TITLE PRESIDENT	<input type="checkbox"/> DELETE
NAME MARLENE BERNAL	
STREET ADDRESS 8955 SW 6 Ct.	
CITY-ST-ZIP Plant., FL. 33324	
TITLE V.P.	<input type="checkbox"/> DELETE
NAME Eduardo Bernal	
STREET ADDRESS 8955 SW 6 Ct.	
CITY-ST-ZIP Plant., FL. 33324	
TITLE V.P.	<input type="checkbox"/> DELETE
NAME Victoria Cervelo	
STREET ADDRESS 8955 SW 6 Ct.	
CITY-ST-ZIP Plant., FL. 33324	
TITLE ST.	<input type="checkbox"/> DELETE
NAME Remedios Penafiel Moreno	
STREET ADDRESS 8955 SW 6 Ct.	
CITY-ST-ZIP Plant., FL. 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Victoria Cervelo	
1.3 STREET ADDRESS 8955 SW 6 Ct.	
1.4 CITY-ST-ZIP Plant., FL. 33324	
2.1 TITLE ST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Remedios Penafiel Moreno	
2.3 STREET ADDRESS 8955 SW 6 Ct.	
2.4 CITY-ST-ZIP Plant., FL. 33324	
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
Marlene Bernal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
9/26/97

Daytime Phone #
954-452-8227 x18

CR2E034 (9/96)