

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).

APPROVED
AND
FILED

99 OCT -8 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000021045
 1. Corporation Name
MODENATURE, INC.

Principal Place of Business Mailing Address
 17 NE 39TH ST 17 NE 39TH ST
 MIAMI FL 33136 MIAMI FL 33136

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
FINESILVER, MICHAEL I
420 LINCOLN RD, #372
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified
03/09/1998

4. FEI Number Applied For Not Applicable
65-0934376

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 owes the current year Intangible Personal Property. Yes No

10. Name and Address of New Registered Agent
 81 Name **JANETTE CARRASCO**
 82 Street Address (P.O. Box Number is Not Acceptable) **17 NE 39 ST.**
 83
 84 City **MIAMI** FL 85 Zip Code **33137**

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 *Janette Carrasco* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRASCO, JANETTE	1.2 NAME	
STREET ADDRESS	17 NE 39TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	900003026789-3
STREET ADDRESS		2.3 STREET ADDRESS	-10/27/99--01081--005
CITY-ST-ZIP		2.4 CITY-ST-ZIP	***550.00 ***550.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 in an attachment with an address.

SIGNATURE: *Janette Carrasco* 9-24-99 Date Daytime Phone #

003865

CR2E034 (5/99)