

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000041613

1. Corporation Name

NATURAL HEALING, INC.

Principal Place of Business

3854 SW 149 PL
MIAMI FL 33185

Mailing Address

3854 SW 149 PL
MIAMI FL 33185

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country

9. Name and Address of Current Registered Agent

SAHUEL ROLDAN
3854 SW 149 PL
MIAMI FL 33185

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1718, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director, if applicable.

(NOTE: For a new registered agent, complete this block.)

03-19-99

12. OFFICERS AND DIRECTORS

[] DELETE

TITLE P
NAME SAHUEL ROLDAN
STREET ADDRESS 3854 SW 149 PL
CITY-STATE-ZIP MIAMI FL 33185
TITLE S
NAME ZORAIDA CONCEPCION
STREET ADDRESS 3854 SW 149 PL
CITY-STATE-ZIP MIAMI FL 33185
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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CITY-STATE-ZIP

13.

13 TITLE
13 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

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-03/30/99-01027-007
****158.75 ****158.75

[] Change [] Addition

[] Change [] Addition

[] 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)(c), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-99

Day-Month-Year

385 207 8579

CR2E034 (11/98)