SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED ANNUAL REPORT** Secretary of State Jul 09 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State **DOCUMENT #** S73861 PI NEW ERA, INC. / NATURAL PRODUCTS Principal Place of Business Mailing Address 1491 S. MIAMI AVENUE 1491 S. MIAMI AVENUE MIAM! FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1991 03/31/1995 Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For 21 26 65-0287199 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes No. 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MUHARRAM, ADHEMAR M. 540 BRICKELL KEY DR 82 Street Address (P.O. Box Number is Not Acceptable) **#**706 83 **MIAMI FL 33131** City 85 Zip Code Pursuant 1 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 \$ Ignature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)DELETE TITLE DPS 11 JIDE Change Addition MUHARRAM, ADHEMAR M NAME MUHARRAM, ADHEMAR M. 1.2 NAME CR2E034 425 GLENRIDGE ROAD 540 BRICKELL KEY DR #706 STREET ADDRESS 1.3 STREET ADDRESS BISCAYNE, FL 33149 CITY - ST- ZIP MIAMI FL 1.4 City - St - Zie TITLE DELETE Change Addition 2 I TITLE NAME 2 2 NAME STREET ADORESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - SI - ZIP TITLE DELETE 3.1 TUTLE Change Addition NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - 2IP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TILLE 500001888825 ange 🔲 Addition NAME 52 NAME -07/10/96--01011--011 STREET ADDRESS 5.3 STREET ADDRESS ***225.00 CITY-ST-ZIP 5.4 CHY-ST-7(P TITLE DELETE 61 THILE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR (1909)

Out The Printed I

6.4 C(TY-ST-Z)P

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), profits 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 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 617. Forida Statutes, a that my name appears in Block 12 or Block 13 this hanged, or on an attachment with an address

SIGNATURE: