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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

4112 AURORA STREET CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

21



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

NATURAL MAGIC IMPORTS, INC.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

4112 AURORA STREET CORAL GABLES FL 33146

FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 05/22/1992

65-0336277

5. Certificate of Status Desired

4. FEI Number

City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid the current year Intangible	
24	25	1=-1	30			Personal Property Tax due June 30. 🔲 Yes 🔲 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
SINNAMON, WILLIAM				1 1	Name		
4112 AURORA STREET			8:	2 8	Street Addres	ss (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33146			_	\perp			
			83	3			
			84	\$ C	City	85 Zip Code	
			_ [_	L		_FL	
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. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, hipsed or printed name of registered agent and lifte if agolicable. (INOTE, Registered Agent signature regulired when reinstating) DATE							
	Signature, typed or printed name of registered agent			gent s	signature required		
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE		DELETE	1.1 TITLE			Change	
NAME	SINNAMON, WILLIAM 5870 S.W. 104TH STREET		1.2 NAME				
STREET ADDRESS	MIAMI FL		1.3 STREE				
CITY-ST-ZIP	MIAMI FE	DELETE	1.4 CITY -	_	IP	Change Addition	
TITLE		DETEIE	2.1 TITLE		İ	Li Change Li Addition	
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Í			1		}		
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NAME			6.2 NAME		2000		
STREET ADDRESS	ΛΛ	/	6.3 STREE		į.		
City-S1-ZiP	ertily that the information supplied with	this filling floes not qualify for t	6.4 CITY-	st-Zi	ir stated in Se	ection 119 07(3)(i). Florida Statutes, I further certify that the information	
14. Thereby certily that the information supplied with this filling boes 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 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 corf-oration or the receiver or trustipe 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 for on an attachment will an address.							