PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # V38542

NATURAL MAGIC IMPORTS, INC.



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90056 046 ***150.00



Principal Place	e of Business	Mailing Address				1 10011 011000 11101 10101 10111 10111		1911 41411 1441	
4112 AURORA	STREET	4112 AURORA STREET							
CORAL GABLES FL 33146 CORAL GABLES FL 33146						DO NOT WRITE IN THIS SPACE			
บร		US				3. Date Incorporated or Qualifed	THOUNDE		
						05/22/1992			
2 Oringinal P	lace of Business	2a. Mailing Address				4. FEI Number	. Apr	olied For	
<u> </u>	lace of Business	26				65-0336277	}	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			_	<u> </u>	\$8.75 A		
22	11, 0.0.	27				5. Certifcate of Status Desired	Fee Re	quired	
- City & State	0	City 8:State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip				intry		8. This corporation owes the current ye	ar Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regist	ered Agent		
				81	Name			ļ	
	NAMON, WILLIAM			82	Street Add	iress (P.O. Box Number is Not Acceptable)	 -		
	2 AURORA STREET								
COR	RAL GABLES FL 33146			83					
				84	City		85 Zip C	Code	
					•		FL	İ	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the a	bove-	named cor	poration submits this statement for the purpo iion's board of directors. I hereby accept the	se of changing its	registered	
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607.0505, Flo	orida Stat	utes.	ne corporat	ions board of directors. Thereby accept the	appointment do re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE									
OIGHAIGHE									
	Signature, typed or printed name of registered ag	<u>-</u>		Agent :	signature requi	red when reinstating) DA		DC IN 12	100
12.	OFFICERS A	ND DIRECTORS	13.		signature requi	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO		14/00/
12.	OFFICERS A	<u>-</u>	13. 1.1 TI	TLE	signature requi	ou mich i ame and		RS IN 12	(44/00)
	D SINNAMON, WILLIAM	ND DIRECTORS	13. 1.1 TI 1.2 N	TLE AME	,	ou mich i ame and	RS AND DIRECTO		(44/00)
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TITLE NAME STREET ADDRESS	OFFICERS A D SINNAMON, WILLIAM 5870 S.W. 104TH STREET	ND DIRECTORS	13. 1.1 TI 1.2 NJ 1.3 S 1.4 CI 2.1 TI	TLE AME TREET A TTY-ST-	ADDRESS ,	ou mich i ame and	RS AND DIRECTO		(44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SINNAMON, WILLIAM 5870 S.W. 104TH STREET	ND DIRECTORS	13. 1.1 TI 1.2 No 1.3 S' 1.4 CI 2.1 TI 2.2 No	TLE AME TREET A TTY-ST- TLE AME	ADDRESS .	ou mich i ame and	RS AND DIRECTO	☐ Addition	(44/06)
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6.4 CITY-ST-ZIP 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)(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 received 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 prantied, or on an attachment with an address, with all other like empowered.

SIGNATURE: