

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathis  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **679688** (2)

1. Corporation Name:

**NATTAN, INC.**



Principal Place of Business

**37 STAR ISLAND  
MIAMI BEACH FL 33139  
US**

Mailing Address

**200 S. BISCAYNE BLVD.  
STE. 2420  
MIAMI FL 33131  
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**MELAND, MARK S  
2420 FIRST UNION FINANCIAL CENTER  
200 S. BISCAYNE BOULEVARD  
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0912 and 607.1508, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent. On June 1, 1996, the registered office was changed by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the provisions of Section 607.1508, Florida Statutes.

SIGNATURE

*[Signature]*

**MARK MELAND**

**3/27/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REIBER, NATHAN	
STREET ADDRESS	37 STAR ISLAND	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	REIBER, CAROLEE	
STREET ADDRESS	37 STAR ISLAND	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MELAND, MARK S.	
STREET ADDRESS	200 S. BISCAYNE BOULEVARD, #2420	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 CITY-STATE-ZIP	
14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true, accurate and not guilty for the exemptions stated in Section 119 (07300), Florida Statutes. I further certify that the information indicated on this annual report or the previous 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 registered agent 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 added to the list of officers.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 26/96 (200) 531-7575**

CR2E034 (12/95)