

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PH 2: 25

DOCUMENT # **P30740** (5)

1. Corporation Name  
**NATAL INVESTMENTS CORP.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**1205 LINCOLN RD.  
STE. 216  
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified **08/29/1990** 3a. Date of Last Report **01/19/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **95-3944247** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23** **28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FEIG, MARC I.  
20451 N.W. 2 AVE.  
STE. 101  
MIAMI FL 33169**

10. Name and Address of New Registered Agent  
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 607.1508, 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent designation required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1111 TITLE **STD**  
NAME **LICHTSCHEN, ARNOLD**  
STREET ADDRESS **1810 JEFFERSON AVE.**  
CITY-ST-ZIP **MIAMI BEACH FL**  
1122 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1133 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1144 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1155 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1166 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1211 TITLE **PRESIDENT**  Change  Addition  
1222 NAME **LICHTSCHEN, ARNOLD**  
1233 STREET ADDRESS **2956 FLAMINGO DRIVE**  
1244 CITY-ST-ZIP **MIAMI BEACH, FL 33140**  
1255 TITLE  Change  Addition  
1266 NAME  
1277 STREET ADDRESS  
1288 CITY-ST-ZIP  
1299 TITLE  Change  Addition  
1300 NAME  
1311 STREET ADDRESS  
1322 CITY-ST-ZIP  
1333 TITLE  Change  Addition  
1344 NAME  
1355 STREET ADDRESS  
1366 CITY-ST-ZIP

14. I 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)(b), 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ARNOLD LICHTSCHEN** *Arnold Lichtschen* 1/13/95 305-538-5816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR