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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000037773 (7)

1. Corporation Name
NATA, INC.



Principal Place of Business
13860-23 WELLINGTON TRACE
WELLINGTON FL 33414
US

Mailing Address
13860-23 WELLINGTON TRACE
WELLINGTON FL 33414-8590
US

3. Date Incorporated or Qualified 05/24/1993	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0418954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 51 SEABREEZE AVE

22 City & State

27 City & State
28 DELRAY BEACH FL

23 Zip Country

29 Zip Country

24 25 26 27 28 29 30 33483

9. Name and Address of Current Registered Agent

PAULL, RICHARD J.
13833 WELLINGTON TRACE
STE E-14
WEST PALM BEACH FL 33414

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PAZ, NAPOLEON
NAME
STREET ADDRESS 13860-23 WELLINGTON TRACE
CITY-ST-ZIP WELLINGTON FL

TITLE D PAZ, TANIA
NAME
STREET ADDRESS 13860-23 WELLINGTON TRACE
CITY-ST-ZIP WELLINGTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PAZ, NAPOLEON
1.2 NAME
1.3 STREET ADDRESS 51 SEABREEZE AVE
1.4 CITY-ST-ZIP DELRAY BEACH FL 33483

2.1 TITLE D PAZ, TANIA
2.2 NAME
2.3 STREET ADDRESS 51 SEABREEZE AVE
2.4 CITY-ST-ZIP DELRAY BEACH FL 33483

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 receiver 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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NAPOLEON PAZ 4/3/97 (561) 791-9868

CR2E034 (9/96)