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Annual Report
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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:03

DOCUMENT #: P94000009342 (4)

1. Corporation Name

NATALIE WEST, INC.

Principal Place of Business	Mailing Address
8855 S.W. 27TH ST. MIAMI FL 33165	8855 S.W. 27TH ST. MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:
4. FEI Number: 65-0463227 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address

9. Name and Address of Current Registered Agent

GONZALEZ, AYEL
2878 S.W. 137TH AVE.
MIAMI FL 33175

10. Name and Address of New Registered Agent

Name / Street Address (P.O. Box Number is Not Acceptable) / City / FL / Zip Code

11. Pursuant to the provisions of Sections 607.1502 and 617.1508, 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 ______ Date ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CURBELO, ROBERTO
STREET ADDRESS	8855 S.W. 27TH ST.
CITY, ST, ZIP	MIAMI FL 33165
TITLE	VD
NAME	CURBELO, ROBERTO JR.
STREET ADDRESS	8855 S.W. 27TH ST.
CITY, ST, ZIP	MIAMI FL 33165
TITLE	SVD
NAME	PINO, SERGIO
STREET ADDRESS	8855 S.W. 27TH ST.
CITY, ST, ZIP	MIAMI FL 33165
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 — ☐ Change ☐ Addition (TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP)

REMITTED BY MAY 1

14. I do 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)(k), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #