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Annual Report
Filed 51-95
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THE BUREAU REPORT

1995

DOCUMENT # P9400009342 (4)

1. Corporation Name

NATALIE WEST, INC.

Principal Place of Business

Writing Address

6003 2ND. 27TH ST.
MANA R. 3115

8853 S.W. 27TH ST.
MIAMI, FL 33155

2. Foreign Parts / Resources

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LEZ AYEL
W. 137TH AVE.

11. Pursuant to the provisions of Section 17A of the I.A.R.C. Act, 1972, I, Shri Suresh Kumar, a registered agent of the firm of Suresh Kumar & Associates, do hereby declare that the information furnished above is true and correct to the best of my knowledge.

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	PD
NAME	CURIELLO, ROBERTO
STREET ADDRESS	8555 S.W. 27TH ST.
OPN ST SP	MIAMI FL 33165
	VO
NAME	CURIELLO, ROBERTO JR.
STREET ADDRESS	8555 S.W. 27TH ST.
OPN ST SP	MIAMI FL 33165
	SVD
NAME	PINO, SERGIO
STREET ADDRESS	8555 S.W. 27TH ST.
OPN ST SP	MIAMI FL 33165
NAME	
STREET ADDRESS	
OPN ST SP	
NAME	
STREET ADDRESS	
OPN ST SP	
NAME	
STREET ADDRESS	
OPN ST SP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
<input type="checkbox"/> Name	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Street Address	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> City	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> State	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Zip	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Name	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Street Address	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> City	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> State	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Zip	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Name	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Street Address	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> City	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> State	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Zip	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Title	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Name	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Street Address	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> City	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> State	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Zip	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
REMITTED BY MAY 1		

14. I do hereby certify that the information contained within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119(d)(2)(A)(ii), Florida Statutes. I further certify that the information indicated on the 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 trustee of a pension plan who filed this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 12 or Block 13A (changed) or in an attachment with an addition.

SIGNATURE: *C-2-R C-1*

REMITTED BY MAY 1