FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000088442**1. Corporation Name

NATY ENTERPRISES, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90084 025 ***150.00



Principal Place of Business Mailing Address									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3028 NW 13 STREET 3028 NW 13 STREET										*
MIAMI FL 33125 MIAMI FL 33125							DO NOT WRITE IN THIS SPACE			
					~_ ·		-3Date.Incorporated.or.Qualifed			
•	, ·						12/06/1994			
Principal Place of Business 2a. Mailing Addre			Mailing Address				4. FEI Number		F	Applied For
21			<u></u>				65-0543898			Vot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired			Additional
22 27							5. Controlle of Califo Dones			Required
City & State City & State							6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23 28 2						Trust Fund Contribution			I to Fees	
· ·	Zip Zip			Country			8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Cur	29	torad Agent	30	_		Personal Property Tax. 10. Name and Address of New F	legistered A		
	9. Name and Address of Cur	rent Kegis	tered Agent		81	Name	19. Name and Address of Note !			
NEGRON, OLGA M										
3061 NW 15 STREET				82	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33125				83						
i									T1	
					84	City	,	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 60	7.1508, Florida Statu	ites, the a	bove	-named corp	poration submits this statement for the	purpose of o	hanging it	ts registered
i office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florid igations of	a. Such change was Section 607.0505, Fl	autnonzeo orida Stat	o by utes.	ine corporation	on's board of directors. I hereby accep	и ине арропі	fillerif 99 i	egistered
SIGNATURE	,									_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R						t signature require	ed when reinstating)	DATE		
12.	OFFICERS	AND DIRE		13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	
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NAME	NEGRON, OLGA M			1.2 N						ļ
STREET ADDRESS	3061 NW 15 STREET					ADORESS				Ì
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TITLE	STD									
NAME	Garcia, Wilfredo Jr 3028 NW 13 Street				2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	MIAMI FL 33125				HTY-S					\ -
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NAME .	GARCIA, EVELIO			3.2 N						ĺ
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STREET ADORESS						ADDRESS			11.31	
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NAME		.i	; <i>:</i>	6.2 N		. *************************************				}
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14. 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 control of the receiver or trustae empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if originged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR