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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

Principal Place of Business	Mailing Address		
133 E. FLAGLER STREET MIAMI FL 33131	133 E. FLAGLER STREET MIAMI FL 33131		
2. Principal Place of Business	2a, Mailing Address		

## **FILED** Feb 27 1998 8:00am Secretary of State

NATALI	E INTERNATIONAL CORP	UHATION			
Principal Plac	e of Business	Mailing Address		t (SDIIDD) iin išiin aliiti abiii naiii naii	II NATAN LIILA IBIDI AILDA MILA INI INDI INDI
133 E. FLAGL		133 E. FLAGLER STREET			
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	114 17 110 07 702
				05/07/1996	
2. Principal P	lace of Business	2a, Mailing Address	<del></del>	4. FEI Number	Applied For
21		26		65-0667578	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Confined of States Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]	0	Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	6. This corporation owes or has pai	
24	25] g. Name and Address of Curre	29 3	0	Personal Property Tax due June  10. Name and Address of New Res	
DO.			81 Name	10. 10.110 1.101	3-1-1-1-1-1
	TH, LEONARDO A				
	50 SOUTH DIXIE HIGHWAY NTHOUSE TWO		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
	MI FL 33156		83		
MILE	WII FL 33 136				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the p	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was aul gations of, Section 607.0505, Flori	thorized by the corporati da Statules.	oration submits this statement for the poon's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered a		Registered Agent signature require		DATE
12.		NO DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
TITLE	PVTS	F™ DECEUE	1.1 TITLE		C) Charige C Audition
NAME	FAUDIN, BERTA		1.2 NAME		
STREET ADDRESS	133 E. FLAGLER ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33131 D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
					Li change Li Addition
NAME STREET ADDRESS	Faudin, Berta 133 E. Flagler St.		2.2 NAME 2.3 STREET ADDRESS		
	MIAMI FL 33131				•
CITY-ST-ZIP TITLE	MILWIT L 33131	DELETE	2.4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME			3.2 NAME		overlige vicewise
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<u></u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		- -
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	<del></del>	Change Addition
NAME			6.2 NAME		

14. I 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 acclurate 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 of trustee employered 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 attaching it with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CHRLOS MELANIET PFICEC

305/375-804V