PROFIT CORPÓRATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000097695**1. Corporation Name

NATY MEDIA INC.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90102 037 ***150.00



Principal Place of Business Mailing Address								V			
2200 S OCEAN DRIVE			2200 S OCEAN DRIVE								
SUITE 206 SUITE 206			-					DO NOT WOU	T IN THE	CDACE	
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019						-	DO NOT WRIT	E IN THIS	SPACE		
								3. Date Incorporated or Qualifed 11/17/1997			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		A	oplied For
21		26	26					65-0823731			ot Applicable
Suite, Apt.	#, etc.	— — ·	Suite, Apt. #, etc.					5. Certificate of Status Desired		* - · · · -	Additional equired
City & State	e		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28	28					Trust Fund Contribution		Added	to Fees
Zip	Country	z	Zip Country					8. This corporation owes the curre	ent year Inta	angible	
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Register	ed Agent					Name and Address of New R	egistered A	Agent	
					81	Name	e				
ECHEVERRI, NATALIA					82	Stree	t Address (P.O. Box Number is Not Acceptable)				
	NW 85 TERRACE					01100	n maai caa	Addless (F.O. Box Namber is Not Acceptable)			
	E 2313										
PLANTATION FL 33324										DE Zio	Coda
				ļ'	84	City			FL	85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. ations of, S	Such change was a ection 607.0505, Flo	authorized orida Statu	by tes.	the con	poration's	board of directors. I nereby accep	t the appoin	ntment as re	egistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg						t signature	e requiec wn	ADDITIONS/CHANGES TO OFF		D DIRECTO	DRS IN 12
TITLE	OFFICERS AND DIRECTORS DELETE			13.				ADDITIONS/CHANGES TO OFF	IOLINO AIN	Change	Addition
	ECHEVERRI, NATALIA				1.2 NAME					_ ,	***
NAME	2200 S OCEAN DRIVE		· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS						ł
STREET ADDRESS	HOLLYWOOD FL 33019										
CITY-ST-ZIP	D / DELE			1.4 CIT		I-ZIP				Change	☐ Addition
TITLE	**			2.1 ΠΠ						[] Olivingo	
NAME	ZULETA, HILDA 2000 S. ACEAN DRIVE			2.2 NAN							
STREET ADDRESS	2200 S OCEAN DRIVE					2.3 STREET ADDRESS					ĺ
CITY-ST-ZIP -	HOLLYWOOD FL 33019		- SONG! ETC	2. 4 CIT		T-ZIP				Change	☐ Addition
TITLE	D DELETE				3.1 TITLE 3.2 NAME					ondinge	
NAME	MADRIGAL, CARLOS 2200 S OCEAN DRIVE						_				
STREET ADDRESS						ADDRES	s				}
CITY-ST-ZIP	HOLLYWOOD FL 33019		D OF LETE	3.4. CIT		T- ZIP	-	-		Change	Addition
TITLE		□ DELETE			4.1 TITLE		des	sar Tinoco	_	□ Cuange	A CAUGAGA
NAME	,			1	4.2 NAME		2.2	00 5. Ocean	Dr	,	ļ
STREET ADDRESS	-	i i			4.3 STREET ADDRESS		SLLA	1. mad E/ 33	1.9		İ
CITY-ST-ZIP				_	A CITY-ST-ZIP		rion	sar Tinoco 00 5. ocean lywood, FL 33	///	Change	Addition
TITLE					A TITLE			1		Change	
NAME				5.2 NA							
STREET ADDRESS						ADDRES	25				
CITY-ST-ZIP				5.4 CIT	_	T-ZIP					□ A J484
TITLE			☐ DELETE	6.1 1111						Change	Addition
NAME				6.2 NA	_						!
STREET ADDRESS	* **			6.3 STF	REET	ADDRES	S				1

6.4 CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

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