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

0200791

DOCUMENT # F75802

1. Corporation Name

NAPOF SCIENTIFIC CORPORATION

Principal Place of Business	Mailing Address
1784 W. FLAGLER ST. SUITE 7 MIAMI FL 33135	1784 W. FLAGLER ST. SUITE 7 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed **04/09/1982**		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **59-2182718**	Applied For Not Applicable	
City & State 23	City & State 28	5. Certifcate of Status Desired ☒	**$8.75** Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NAVARRO, SINIVARDO 441 N.W. 109 AVE. #10 MIAMI FL 33172	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) *1784 W. FLAGLER ST., #7* 83 84 City *MIAMI* FL 85 Zip Code *33135*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 X _____ SINIVARDO NAVARRO

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PD** NAME **NAVARRO, SINIVARDO** STREET ADDRESS **441 N.W. 109 AVE. #10** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition *1784 W. FLAGLER ST., #7* *MIAMI, FL 33135*
TITLE **STD** NAME **CHAVEZ, JONI** STREET ADDRESS **441 N.W. 109 AVE. #10** CITY-ST-ZIP **MIAMI FL**	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☒ Addition *STD* *TORO, SCARLET* *1784 W. FLAGLER ST., #7* *MIAMI, FL 33135*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: X _____ SINIVARDO NAVARRO   1-25-99   305-541-6296

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