2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am Secretary of State **DOCUMENT # L30549 NAVATECH ELECTRONICS CORPORATION** 05-15-2000 90094 032 ***150.00 Principal Place of Business Mailing Address 3103 NW 20TH ST 3103 NW 20TH ST MIAMI FL 33142-6935 MIAMI FL 33142 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0157414 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERNANDEZ, NELSON Street Address (P.O. Box Number is Not Acceptable) 3103 NW 20TH ST **MIAMI FL 33142** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change SD TITLE Delete TITLE RUIZ, ORLANDO NAME NAME STREET ADDRESS STREET ADDRESS 3103 N.W. 20 ST. CITY-ST-ZIP CITY-ST-7LP MIAMI FL 33142 ☐ Addition ☐ Change □ Delete TITLE TITLE SANCHEZ, ORESTES E. NAME NAME STREET ADDRESS STREET ADDRESS 3103 N.W. 20 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 Change ☐ Addition TITLE TITLE ☐ Delete FERNANDEZ, NELSON NAME NAME STREET ADDRESS STREET ADDRESS 3103 N.W. 20TH STREET CITY-ST-ZIP CITY-ST-ZIF MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE FERNANDEZ, NELSON JR. NAME NAME STREET ADDRESS STREET ADDRESS 3103 N.W. 20 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: MATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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13. 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 report or supplemental/peport 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 of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment