

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 405903 (6)**

1. Corporation Name  
**NAVE INVESTMENT CORP**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2131 SW 138TH CT  
MIAMI FL 33175  
US**

Mailing Address  
~~**PO BOX 653705  
MIAMI FL 33165-3705  
US**~~

3. Date Incorporated or Qualified **07/28/1972** 3a. Date of Last Report **04/01/1994**

2. Principal Place of Business  
**21** **26** P.O. BOX 652542

4. FEI Number **59-1686865** Applied For  Not Applicable

22. State, Apt #, etc. 27. State, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State 28. City & State  
**23** **28** **Miami, Florida**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country 29. Zip Country  
**24** **25** **29** **33265-2542** **30** **DADE**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ROS, DANIA Z.  
2131 SW 138TH CT  
MIAMI FL 33175**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ (DATE) \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------|---|--|
| TITLE                      | PTS                           | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ROS, DANIA Z.                 | 2. NAME   |  |
| STREET ADDRESS             | 2131 SW 138TH CT              | 3. STREET ADDRESS                                     |  |
| CITY ST ZIP                | MIAMI FL                      | 4. CITY ST ZIP  |  |
| TITLE                      | Director                      | 21. TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | Vilma Ros.                    | 22. NAME  |  |
| STREET ADDRESS             | 13430 S.W. 5th Street. Miami. | 23. STREET ADDRESS                                    | 13430 S.W. 5th. Street. Miami, Flori-  |
| CITY ST ZIP                | Florida. 33184                | 24. CITY ST ZIP                                       | da. 33184  |
| TITLE                      |                               | 31. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 32. NAME  |  |
| STREET ADDRESS             |                               | 33. STREET ADDRESS                                    |  |
| CITY ST ZIP                |                               | 34. CITY ST ZIP                                       |  |
| TITLE                      |                               | 41. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 42. NAME  |  |
| STREET ADDRESS             |                               | 43. STREET ADDRESS                                    |  |
| CITY ST ZIP                |                               | 44. CITY ST ZIP                                       |  |
| TITLE                      |                               | 51. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 52. NAME  |  |
| STREET ADDRESS             |                               | 53. STREET ADDRESS                                    |  |
| CITY ST ZIP                |                               | 54. CITY ST ZIP                                       |  |
| TITLE                      |                               | 61. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 62. NAME  |  |
| STREET ADDRESS             |                               | 63. STREET ADDRESS                                    |  |
| CITY ST ZIP                |                               | 64. CITY ST ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the obligation stated in Section 110.07(2)(b), 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.

SIGNATURE: Dania Z. Ros **DANIA Z. ROS** 5/02/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)