

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 405903 (6)

1. Corporation Name  
**NAVE INVESTMENT CORP**



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

Mailing Address  
~~P O BOX 652642  
MIAMI FL 33265-2542  
US~~

3. Date Incorporated or Qualified **07/28/1972** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 7869 N.W. 57TH. STREET  
Suite, Apt. #, etc.  
22 City & State  
**Miami, Florida**  
Zip Country  
**33166 Dade**

2a. Mailing Address  
26 P.O. BOX 661126  
Suite, Apt. #, etc.  
27 City & State  
**Miami, Florida**  
Zip Country  
**33266-1126 Dade**

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

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROS, DANIA Z  
2131 SW 138TH CT  
MIAMI FL 33175~~

81 Name **ROS, ROBERT O.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7869 N.W. 57th. Street**

83

84 City **Miami, FL** 85 Zip Code **33166**

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 *Robert Ros* **ROBERT ROS** DATE **9-30-96**

12. OFFICERS AND DIRECTORS

TITLE	<del>PT</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ROS, DANIA Z</del>	
STREET ADDRESS	<del>2131 SW 138TH CT</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ROS, VILMA</del>	
STREET ADDRESS	<del>13430 SW 5TH ST</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROS, ROBERT O.</b>	
1.3 STREET ADDRESS	<b>7869 N.W. 57TH. STREET</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA. 33166</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GONZALEZ, CANDY</b>	
2.3 STREET ADDRESS	<b>10879 N.W. 7th. St. Apt. # 24</b>	
2.4 CITY-ST-ZIP	<b>Miami, Florida. 33172-3757</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>900001813319</b>	
3.3 STREET ADDRESS	<b>-05/08/96--01054--024</b>	
3.4 CITY-ST-ZIP	<b>***200.00</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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: *Candy Gonzalez* **Candy Gonzalez, Sec. (305) 594-2911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/16/96** Daytime Phone #

CR2E034 (12/95)