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SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 569120 (9)

1. Corporation Name
NAVELES INDUSTRIAL SALES CORP.

Principal Place of Business: **3747 N.W. 52ND STREET MIAMI FL 33142**
Mailing Address: **3747 N.W. 52ND STREET MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/17/1978** 3a. Date of Last Report: **03/10/1994**
4. FEI Number: **59-1936040** Applied For: Not Applicable
5. Certificate of Status Desired: **\$0.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under 5. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTER, LINDA
3747 NW 52 STREET
MIAMI FL 33142**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

V
TITLE: _____
NAME: **MATTER, SAMUEL**
STREET ADDRESS: **21401 NE 23 AVE**
CITY - ST - ZIP: **N MIAMI BEACH, FL 00000**

P
TITLE: _____
NAME: **MATTER, LINDA**
STREET ADDRESS: **21401 NE 23 AVE**
CITY - ST - ZIP: **N MIAMI BEACH, FL 00000**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: _____ Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY - ST - ZIP: _____

2.1 TITLE: _____ Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY - ST - ZIP: _____

3.1 TITLE: _____ Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY - ST - ZIP: _____

4.1 TITLE: _____ Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY - ST - ZIP: _____

5.1 TITLE: _____ Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY - ST - ZIP: _____

6.1 TITLE: _____ Change 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 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: x

[Handwritten Signature]

2/2/95

305-635-6044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone