

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F17306

(4)

1. Corporation Name

NAVICON USA, INC.

Principal Place of Business

1573 NW 83RD AVE.
MIAMI FL 33174
US

Mailing Address

1573 NW 83RD AVE.
MIAMI FL 33174
US

APPROVED
AND
FILED

95 APR 17 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/20/1981	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2140561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MURAI, RENE V
25 SE 2ND AVENUE, SUITE 830
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASSUM, ESTEFANO I	1.2 NAME	
STREET ADDRESS	10 DE AGOSTO NO 511-513	1.3 STREET ADDRESS	
CITY - ST - ZIP	GUAYAQUIL, ECUADOR	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASSUM, ROBERTO I	2.2 NAME	
STREET ADDRESS	10 DE AGOSTO NO 511-513	2.3 STREET ADDRESS	
CITY - ST - ZIP	GUAYAQUIL, ECUADOR	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASSUM, WILLIAM I	3.2 NAME	
STREET ADDRESS	10 DE AGOSTO NO 511-513	3.3 STREET ADDRESS	
CITY - ST - ZIP	GUAYAQUIL, ECUADOR	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINEL, ARMANDO X.	4.2 NAME	
STREET ADDRESS	1231 SW 132 CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEVALLOS, FAUSTO	5.2 NAME	
STREET ADDRESS	3500 NORTH CAUSEWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	METAIRIE LA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 an officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/95 591-2490