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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 1996 (5)**DOCUMENT #** Corporation Name NAVI EXPORT AND IMPORT, INC. Mailing Address Principal Place of Business C/O MANUEL SOMOZA C/O MANUEL SOMOZA 7181 W. 3 AVE. 7181 W. 3 AVE. HIALEAH FL 33014 3a. Date of Last Report HIALEAH FL 33014 3. Date Incorporated or Qualified 04/24/1995 02/17/1982 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2166575 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability of intangible tax under s 199.032, Florida Statutes Yes No Country Country 2 7ip 30 29 25 24, 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) SOMOZA, MANUEL 82 - 7181 W. 3RD AVE. 83 HIALEAH FL 33014 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1 1 1111 F TITLE 1.2 NAME SOMOZA, MANUEL NAME 7181 W. 3RD AVENUE 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY - ST-ZIP CHTY-ST-ZIP Change Addition DELETE 2 1 TITLE VSD THILE 2 2 NAME SOMOZA, DOMINGA NAME 23 STREET ADDRESS 7181 W. 3RD AVENUE STREET ADDRESS 2 4 CITY-ST-ZIP HIALEAH FL CITY-S1-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3 4 CITY - \$1 - ZIP CITY-S1-ZIP 700001793727 -04/25/96--01013--004 Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS ***200.00 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-7IP Add:tion Change DELETE 6 1 TITLE TITLE

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 cath; 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.

6.2 NAME

6 3 STREET ADDRESS

64 CITY - ST - ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR