

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90065 050 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F75802

1. Corporation Name
NAPOF SCIENTIFIC CORPORATION



| | |
|---|---|
| Principal Place of Business 1784 W. FLAGLER ST. SUITE 7 MIAMI FL 33135 | Mailing Address 1784 W. FLAGLER ST. SUITE 7 MIAMI FL 33135 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|------------------------|-----------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 04/09/1982 | Not Applicable |
| 22 City & State | 27 City & State | 4. FEI Number | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 59-2182718 | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

NAVARRO, SINIVARDO
 441 N.W. 109 AVE.
 #10
 MIAMI-FL 33172

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL 33135 |
| 83 | |
| 84 City | |

MIAMI

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 **SINIVARDO NAVARRO** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | NAVARRO, SINIVARDO | |
| STREET ADDRESS | 441 N.W. 109 AVE. #10 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | CHAVEZ, JONI | |
| STREET ADDRESS | 441 N.W. 109 AVE. #10 | |
| CITY-ST-ZIP | MIAMI FL | |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1784 W. FLAGLER ST., #7 |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33135 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | STD |
| 3.3 STREET ADDRESS | TORD, SCARLET |
| 3.4 CITY-ST-ZIP | 1784 W. FLAGLER ST., #7 |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **SINIVARDO NAVARRO** DATE: **1-25-99** DAYTIME PHONE #: **305-541-6296**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)