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

G96779

(5)

DOCUMENT #
1. Corporation Name
NAVROZ, INC.

Principa!	Place	ot	Business

Mailing Address



	33RD ST. 3056	2760 MW 183RD ST MIAMI FL 33056				
					3. Date Incorporated or Qualified 04/18/1984	3a. Date of Last Report 01/17/1995
2. Principai Piac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
11]		26			59-2425242	Not Applicab
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζηρ 29]	Country 30	,	This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, ☐ No
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New R	egistered Agent
			81	Name		
	ni, mohammad Iw 183RD St.		82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)
	FL 32301		83			
411th 1771)	· -		84	Cat		85 Zip Code
			84	City		FL 85 ZID COOR
or registere familiar with SIGNATURE	id agent, or both, in the State of Floric in, and accept the obligations of, Sections, types or prize the obligations.	da. Such change was authoriz ion 607.0505, Florida Statute	zed by the corp	oration's boa	ration submits this statement for the pur ird of directors. I hereby accept the appoint	ointment as registered agent. I am
12.	OFFICE'RS AND		13.	III SIGNATURE REPORTE	ADDITIONS/CHANGES TO OFFI	
TILF	P	DELETE	1 11111			Change Addition
NAME	lakhani, mohammad		1.2 NAME			
STREET ADDRESS	2760 NW 183RD ST.		12 01000	T ADDRESS		
STREET MODICOS			1331111	1		
	MIAMI FL		14 CiTY-	1		
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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 directly of the corporation or the receive or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

OSO SOC Daytine Phone #