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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G96779

(5)

NAVROZ, INC.

Principal Place of Business Mailing Address **FILED** 

Feb 11 1997 8:00am

Secretary of State

2760 MW 183R MIAMI FL 3305		2760 MW 183RD \$1. MIAMI FL 33056						
				3, Date Incorporated or Qualified 04/18/1984	d 3a, Date of Last Report 02/08/1996			
	lace of Business	2a. Mailing Address			4, FEI Number		Applied For	
21		26		59-2425242	Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired	1 1 7 7 7	\$8.75 Additional Fee Required	
City & State		City & State	28		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	Zıp 29	Countr 30	y	This corporation has liability for i     Florida Statutes	B, This corporation has liability for int/ingible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No		
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
LAKHANI, MOHAMMAD B					•		j	
2760 NW 183RD ST.			82	Street	Address (P.O. Box Number is Not Acceptab	ole)		
MIAMI FL 32301			83	ļ				
			63	'l				
			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								
	Signatur, typed or printed name of registered age			ent signature	required when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC		
TITLE NAME	P Lakhani, Mohammad	C betelf	1.1 TITLE				ange L Abortion	
STREET ADDRESS	2760 NW 183RD ST.		1.2 NAME	T ADDRESS				
CITY-ST-ZIP	MIAMI FL	•	1.4 City-				/	
TITLE	ST	DELETE	21 11115	31-211	1/11 1 20 2 1 1 1 1 1/1/1/1	Ch.	ange Addition	
NAME	LAKHANI, ABDULMALIK		2.2 NAME		KHY LOON TAKKY	NI	•	
STREET ADDRESS	2760 NW 183RD ST.		2.3 STREE	1 ADDRESS	276000018331	01-1		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP	KHATOON LAKNA 2760NW18357 MIAMI FL 33	U50°	_	
TITLE	V	DELETE	3.1 TITLE			[]]-ch	ange Addition	
NAME	Noorali, lakhan		3.2 NAME	!	1161115			
STREET ADDRESS	2760 NW 183RD ST		3.3 STREE	1 ADDRESS	NONE			
CITY-ST-ZIP	MIAMI FL		3 4. CITY -	ST-Z(P				
TITLE		☐ DELETE	4.1 TITLE			☐ Ch	ange L_ Addition	
NAME			4. 2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP	]	Ch	ange Addition	
NAME			5.2 NAME	ļ				
STREET ADDRESS				T ADDRESS		7	711 V.V. IIV	
CITY-ST-ZIP			5.4 CITY-		wer	0	۱ (۱)	
TITLE		DELETE	6.1 TITLE		10000205 -02/11/970110 ***165.00	350	ange Addition	
NAME			6.2 NAME		_U2/11/970110	35nni 🔭		
STREET ADDRESS			6.3 STREE	1 ADDRESS	***165.00	Section =		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

14. I do 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 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 31(changed, or op an attachment with an address.