

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # L91963 (3)**

1. Corporation Name  
**NAVARRO TECHNICAL SALES, INC.**



Principal Place of Business  
**1205 SEABREEZE BLVD.  
FT. LAUDERDALE FL 33316  
US**

Mailing Address  
**1205 SEABREEZE BLVD.  
FT. LAUDERDALE FL 33316  
US**

3. Date Incorporated or Qualified  
**07/30/1990**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

**P.O. Box 21568**  
**Fort Lauderdale, FL**  
**33335 U.S.A.**

4. FEI Number  
**59-3025574**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**GLENIS, NAVARRO  
1205 SEABREEZE BLVD.  
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

**81** Name **GLENIS ORTEGA**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**1205 SEABREEZE BLVD**

**83**

**84** City **Fort Lauderdale** **FL** **85** Zip Code **33316**

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 **Glenis ORTEGA**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/96**

12. OFFICERS AND DIRECTORS

**D** ☐ DELETE

**NAME** **NAVARRO, GLENIS A.**

**STREET ADDRESS** **1205 SEABREEZE BLVD.**

**CITY-ST-ZIP** **FT. LAUDERDALE FL**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**D** ☒ Change ☐ Addition

**1.1 TITLE** **ORTEGA, Glenis A**

**1.2 NAME**

**1.3 STREET ADDRESS** **1205 Seabreeze Blvd**

**1.4 CITY-ST-ZIP** **Fort Lauderdale, FL 33316**

**2.1 TITLE**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE**

**6.2 NAME**

**6.3 STREET ADDRESS**

**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 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 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.

SIGNATURE: **Glenis ORTEGA - Glenis ORTEGA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/96 (954) 760-9649**  
Date Daytime Phone #

CR2E034 (12/95)