

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000059933 (0)

1. Corporation Name

NAVIGARE INTERNATIONAL INC.



Principal Place of Business

7620 N.W. 63 ST.
SUITE 312
MIAMI FL 33166
US

Mailing Address

7620 N.W. 63 ST.
SUITE 312
MIAMI FL 33166
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DIAMANTI, ANDREW
9737 N.W. 41 STREET
SUITE 312
MIAMI FL 33178

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0436926

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

CALLAHAN, ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)

7620 NW 63 ST.

83

City

MIAMI

FL

85 Zip Code
33166

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. Thereby accept the appointment as registered agent. I am a resident of the State of Florida, and a resident of the County of Miami-Dade, Florida.

SIGNATURE

Robert Callahan

ROBERT CALLAHAN

4-4-96

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

MORELLO, GIANNI

STREET ADDRESS

7620 N.W. 63 ST.

CITY, ST, ZIP

MIAMI FL

TITLE

VP

NAME

BARONE, FRANK

STREET ADDRESS

7620 N.W. 63 ST.

CITY, ST, ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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:

Gianni Morello

GIANNI MORELLO

3/14/96

716-0960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)