

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 # **P94000018017 (1)**

1. Corporation Name

J.O. NAVEIRA MD PA



Principal Place of Business

**10401 W BROWARD BLVD 406
PLANTATION FL 33324**

Mailing Address

**10401 W BROWARD BLVD 406
PLANTATION FL 33324**

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

21 **1930 NE 47TH STREET #308**

2a. Mailing Address

26 **2523 SE 13TH STREET**

4. FEI Number
65-0473024

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **FT LAUDERDALE, FL**

City & State

28 **POMPANO BEACH, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 **33308**

Country

25 **USA**

Zip

29 **33062**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAVEIRA, JOSE O
10401 W BROWARD BLVD 406
PLANTATION FL 33324**

81 Name
JOSE O NAVEIRA

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

83 **2523 SE 13TH STREET**

84 City
POMPANO BEACH

85 FL Zip Code
33062

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ DELETE
NAME **NAVEIRA, JOSE O**
STREET ADDRESS **10401 W BROWARD BLVD 406**
CITY - ST - ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE
NAME **NAVEIRA, JOSE O**
STREET ADDRESS **10401 W BROWARD BLVD 406**
CITY - ST - ZIP **PLANTATION FL 33324**

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

1.1 TITLE **PVTSD** ☒ Change ☐ Addition
1.2 NAME **JOSE O NAVEIRA**
1.3 STREET ADDRESS **2523 SE 13TH STREET**
1.4 CITY - ST - ZIP **POMPANO BEACH, FL 33062**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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; for 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

JOSE O NAVEIRA

3-2-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)