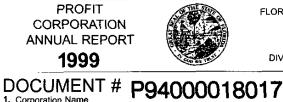
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

J.O. NAVEIRA MD PA

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90033 027 ***150 00

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Principal Place of Business Mailing Address 2523 SE 13TH ST ... NE 47TH ST ··· 308 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE TLADUERDAEL FL 33308 3. Date Incorporated or Qualifed 03/07/1994 2 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0473024 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zio Country Zip 8. This corporation owes the current year Intangible □No 25 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NAVEIRA, JOSE O 82 Street Address (P.O. Box Number is Not Acceptable) 2523 SE 13TH ST POMPANO BEAHC FL 33062 83 Zip Code 84 City 85 i. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition **PVST** □ DELETE 1.1 TITLE ☐ Change NAVEIRA, JOSE O 1.2 NAME 2523 S 13TH ST 1.3 STREET ADDRESS ··_L I AUUKLIS POMPANO BEACH FL 1.4 CITY-ST-ZIP ST-7IP Addition Change DELETE 2.1 TITLE NAVEIRA, JOSE O 2.2 NAME 10401 W BROWARD BLVD 406 2.3 STREET ADDRESS PLANTATION FL 33324 ST ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS ··· : FADDRESS 3.4. CITY-ST-ZIP ··· ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE 4. 2 NAME ······ · : A/# > G : C 4.3 STREET ADDRESS --ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ST ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change 6.2 NAME 6.3 STREET ADDRESS ···· I ADDIG 123

6.4 CITY-ST-ZIP ... I 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 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 chment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98