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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054945 (8)

NAVAJO SANDALS, INCORPORATED

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						
7185 N.W. GOTH AVENUE 7185 N.W. GOTH AVENUE						
	8 N.W. 58th St.	3535 N.W. 5	8th 6	•		DO NOT WRITE IN THIS SPACE
, M	lami, FL 33142	Miami, FL	Miami, FL 33142			3. Date Incorporated or Qualified 07/22/1994
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0584429 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				sath St.		5. Certificate of Status Desired S8.75 Additional
22 3535 N.W. 58th St. 27 3535 N.W. 58 City & Wiami, FL 33142 City & Wiami, FL 3				114	2	Fee Required
City & Salt	ami, FL 33142	City & City & This	Suite, Apt. #, etc. 58th 81. 27 3535 N.W. 58th 81. City & Marketti, FL 33142			Election Campaign Financing \$5.00 May Be
23						Trust Fund Contribution Added to Fees
Zip	Country	Zip	<u> </u>	untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		B1	Name	10. Name and Address of New Registered Agent
	ROBINSON, RAYMOND L					
1501 VENERA AVE 82					Street A	ddress (P.O. Box Number is Not Acceptable)
	ITE 300					
CORAL GABLES FL 33146				83		
				84	City	85 Zip Code
					•	FL [**]
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Stat	tutes, the a	bove	-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change wat ations of, Section 607.0505.	s autnorize Florida Sta	tutes	tne corpo i.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		,				
SIGNATURE	Signature, typed or pretect frame of registered ag	ent and tille if applicable (N	OTE Registere	egA be	nt signature m	equired when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 T	1.1 TITLE		Change Addition
NAME	RABIN, JOEL M		1.2 NAME		1	
STREET ADDRESS			1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147		1.4.0	ITY - S	T-ZIP	
TITLE	AS	☐ DELETE	2.1 T	ITLE		Change Addition
NAME	ROBINSON, RAYMOND L		2.2 N	LAME	1	
STREET ADDRESS	1501 VENERA AVE STE 300		2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	Coral Gables Fl		2.4	CITY-S	iT- ZIP	
TITLE		☐ DELETE	3.1 T	ITLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$	TREET	ADDRESS.	
CITY-ST-ZIP			3.4. 6	CITY-\$	ST-ZIP	
TITLE		☐ DELETE	4.1 7	ITLE		Change Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			4.4 0	HTY-S	T-ZIP	
TITLE		☐ DELETE	5.1 T			Change Addition
NAME			5.2 N	IAME		İ
STREET ADDRESS					ADDRESS	
CITY+ST+ZIP				XTY-S		
TITLE		DELETE	6.1 T			Change Addition
NAME		_	6.2 N			
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP				HTY-S		
	certify that the information supplied	with this fill ig does not qualify				d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or supplied in tall 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 title receiver or nusteer under the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if managed or on postatachine my with an address.

SIGNATURE:

1/20/98 305/637-110