

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087617 (4)

1. Corporation Name

NAVIERA KATHLEEN, INC.



Principal Place of Business

Mailing Address

220 NE 175TH ST
NORTH MIAMI BEACH FL 33162

220 NE 175TH ST
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified
12/02/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 220 NE 175TH ST
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

4. FEI Number
65-0553766

Applied For
☒ Not Applicable

22 City & State
23 NORTH MIAMI BEACH FL

27 City & State

5. Certificate of Status Desired ☐
6. Election Campaign Financing
Trust Fund Contribution ☐

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

24 33162
Zip

25 DADE
Country

29 Zip

30 Country

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

GREENSPAHN, MELVYN G
3550 BISCAYNE BLVD SUITE 401
MIAMI FL 33137

81 Name

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

83

84 City

FL

85 Zip Code

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

Sign over typed or printed name of registered agent and file in applicable

(NOTE: Registered Agent's signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME ACCIUS, JACK
STREET ADDRESS 220 NE 175TH ST
CITY - ST - ZIP NORTH MIAMI BEACH FL 33162

TITLE DV
NAME ACCIUS, AVERYL
STREET ADDRESS 220 NE 175TH ST
CITY - ST - ZIP NORTH MIAMI BEACH FL 33162

TITLE DST
NAME ACCIUS, KATHLEEN
STREET ADDRESS 220 NE 175TH ST
CITY - ST - ZIP NORTH MIAMI BEACH FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Averyl Accius
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96
Date

305 652-5900
County Phone #

CR2E034 (3/96)