

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 17 1997 8:00am  
Secretary of State

DOCUMENT # P94000087617 (4)

1. Corporation Name  
NAVIERA KATHLEEN, INC.

Principal Place of Business  
220 N.E. 175TH ST.  
N. MIAMI BEACH FL 33162  
US

Mailing Address  
220 N.E. 175TH ST.  
N. MIAMI BEACH FL 33162  
US



DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/02/1994  | 3a. Date of Last Report<br>08/02/1996 |
| 4. FEI Number<br>NOT APPLICABLE  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|  |                      |
|--|----------------------|
| 81 Name<br>JACK ACCIUS   | 85 Zip Code<br>33162 |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>220 NE 175TH ST |                      |
| 83 City<br>MIAMI   |                      |
| 84 State<br>FL   |                      |

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 reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------------|---|--|
| TITLE                      | DP                         | 1.1 TITLE   |  |
| NAME                       | ACCIUS, JACK               | 1.2 NAME  |  |
| STREET ADDRESS             | 220 NE 175TH ST            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NORTH MIAMI BEACH FL 33162 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | OV                         | 2.1 TITLE   |  |
| NAME                       | ACCIUS, AVERYL             | 2.2 NAME  |  |
| STREET ADDRESS             | 220 NE 175TH ST            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NORTH MIAMI BEACH FL 33162 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DST                        | 3.1 TITLE   |  |
| NAME                       | ACCIUS, KATHLEEN           | 3.2 NAME  |  |
| STREET ADDRESS             | 220 NE 175TH ST            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NORTH MIAMI BEACH FL 33162 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                            | 4.1 TITLE   |  |
| NAME                       |                            | 4.2 NAME  |  |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                            | 5.1 TITLE   |  |
| NAME                       |                            | 5.2 NAME  |  |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                            | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                            | 6.1 TITLE   |  |
| NAME                       |                            | 6.2 NAME  |  |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                            | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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 an attachment with an address.

SIGNATURE

*[Signature]*

JACK ACCIUS

9/18/97

305-652-5900

CR2E034 (4/97)