## 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

POCUMENT # P9400087617 (4)

NAVIERA KATHLEEN, INC.

Principal Place of Business

Mailing Address

FILED
May 19 1998 8:00am
Secretary of State



* incipal i lao	B OI Dualities	20,000			
220 N.E. 175TH ST. 220 N.E. 175TH ST. N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL					
US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/02/1994	
2. Principal P	lace of Business 2a, Mailing	Address		4. FEI Number	Applied For
21 22	ONE 125/254- 26 2	DONE	175/KSA	NOT APPLICABLE	Not Applicable
Suite, Apt.		Apt. #, etc.			\$8.75 Additional
22 NURT	HMIAMI BEACH 27 NO	RTHM	I AMIBEACH	5. Certificate of Status Desired	Fee Required
City & Stat	IAMI EI 28 M	State IAMI	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33/	62 25 DADE 29 3	3/623	Country	<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>	current year Intangible
r 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ACCIUS, JACK 81 Name					
AND AIR ATE OT					
220 NE 175 ST MIAMI FL 33162				fress (P.O. Box Number is Not Aecentable)	
MIA	1MI FL 33102	Q.	83		7
l	· .	~ ~	ايراح-	The second secon	
	الم	<b>0</b> ,	84 City	•••	8.
				<u></u>	
11. Pursuant	to the provisions of Sections 607,0502 and 607,1508	, Flori <b>da Sta</b> tutes I changa was aut	, the above-named corpora	poration 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 Statules.					
SIGNATURE					
	Signature, typed or printed name of registered agont and title # applicate	le (NOTE F	Registered Agent signature requ		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ACCIUS, JACK		1.2 NAME		Î
STREET ADDRESS	220 NE 175TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
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 DET	DELETE	3.1 TITLE		Change Addition
NAME	ACCIUS, KATHLEEN		3.2 NAME		
	220 NE 175TH ST		E i		
STREET ADDRESS	- <del>10</del>		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
UIT-SI-ZIP			<u> </u>	Cooling 110 07/0/// Florida Destrict Livelina	

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 13 if changed, or on an attachment with an address.

SIGNATURE: OWEN P. Ann.

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2/12/97