FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P95000009278 (9)

-	NAVIO INO	•	•		
8	SAYHO, INC.			I INCHAGE HER TOTAL AND AND AND A)
Principa!	Principal Place of Business Mailing Address				INTO BOTAL OBEIN ORNIO IONIO NOTA ESTÓL IDEN 1860)
	SHERIDAN ST SUITE 212 LYWOOD FL 33020	3990 SHERIDAN ST SUITE 212 HOLLYWOOD FL 33020			
				3. Date Incorporated or Qualified 01/30/1995	3s. Date of Last Report
2. Princi	ipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0561049	Not Applicable
Suite	, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	3 State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Ζφ 24	Country 25	Z(p 29	Country 30	8. This corporation has liability for Florida Statutes ☐ Yes	Intangible tax under \$ 199.032, No
fill	9. Name and Address of Curre		[30]	10. Name and Address of New F	
			B1 Name		
C	CORPORATION SYSTEM		art Yachnowitz ss (P.O. Box Number is Not Acceptable)		
1	AAAA A mili san aka aa mir baka m			90 Sheridan Street #212	
	LANTATION FL 33324		83		
			84 City	lywood, Fl	33021 85 Zip Code
	C		1 - 1 - 7	luwood.	
11. Pur	suant to the provisions of Sections 607.050 egistered agent, or both, in the State of Flor	2 and 607.1508, Florida Statu	tes, the above-named corpora	ation submits this statement for the pu	rpose of changing its registered office
fami	iliar with, and accept the obligations of, Sec	tion 607.0505, Florida Statute	s.	or or all occupies. The loby accept the app	
SIGNAT	URFStuart_Yachnow Sgnature, typed or printed name of registered age	itz nt and title if applicable (N	OTE: Fogistères i cent signature required	whon rehistating)	1/16/96
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
THE	√D	☐ DELETE	1, 1 TITLE		Change Addition
NAME	YACHNOWITZ, STUART		1.2 NAME		·
STREET AD		212	1.3 STREET ADDRESS		
CITY-ST-Z	HOLLYWOOD FL 33020	ET Street	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2 1 TiTLE		☐ Change ☐ Addition
NAME DESIGNATION	PPres		2 2 NAME		
STREET ADI			2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		
, CHY-ST <u>-7</u> T∹TLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET AD	DRESS		3.3 STREET ADDRESS		
C:TY-ST-Z	7.P		3 4 CHTY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
CA 133812	DRESS		4 3 STREET ADDRESS		
CHY-ST-Z	7iP	F1 pc. tre	4.4 CITY-ST-ZIP		F3.0:
TITLE		□ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	aux a		5 2 NAME		
STREET AC			5.3 STREET ADDRESS		
CHY-S1-Z	(III	DELETE	5.4 CITY-ST-ZIP 6 1 TITLE	·	Change Addition
NAME		□	6.2 NAME		C 4 C
STREET AD	OPESS		6.3 STREET ADDRESS		
COY-SI-Z			6.4 CITY - ST - ZIP		
14. I do	hereby certify that the information supplied	with this filing is voluntarily fur	mished and does not qualify for	or the exemption stated in Section 119	1.07(3)(k), Florida Statutes. I further
oati	tify that the information indicated on this and the that I am an officer or director of the corp lears in Block 12 or Block 13 if changed, or	poration or the receiver or trust	ee empowered to execute this	te and that my signature shall have the s report as required by Chapter 607, F	i same legal effect as if made under lorida Statutes; and that my name

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 305-987-6604
Date Description Proce 9