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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ___ **DIVISION OF CORPORATIONS**

DOCUMENT # P9600005784 (9)

NAVICARGO, INC. Mailing Address Principa! Place of Business 901 PONCE DE LEON BLVD. 901 PONCE DE LEON BLVD. SUITE 304 SUITE 304 **CORAL GABLES FL 33134** CORAL GABLES FL 33134-3073 3. Date incorporated or Qualified 3a. Date of Last Report 01/18/1996 4. FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For x 45-0652367 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible jax under s. 199.032, Florida Statutes Yes K No 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent LOPEZ-CASTRO, AMADEO III 81 Name 901 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 304 CORAL GABLES FL 33134 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, flught, range was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the directors of Sections of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when rainstating) and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (5) 12. 13. DELETE Change Addition TITLE 1.1 TITLE President / Director NAME 1.2 NAME YANE & STREET ADDRESS 1.3 STREET ADDRESS Com/ Gab/16. CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE 21 TITLE Change TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 1/TLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$T - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 7<u>0,000</u>2140321 Addition DELETE 6 1 TITLE TITLE

6.2 NAME

6.3 STREET ADORESS

6.4 CITY - ST - ZIP

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 trusted encourage this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if change

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TUPED OR PRINTED NAM OF SIGNING OFFICER OR DIRECTOR

-04/11/97--01060--001

***165.00

Daylime Phone #

FILED

Apr 10 1997 8:00am

Secretary of State