

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P96000065050**
 1. Corporation Name
NAVAMA, INC.

Principal Place of Business Mailing Address
12303 S.W. 133 CT.
MIAMI, FLORIDA 33186

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		AUGUST 5, 1996		N/A		65-0445085	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For	
Zip		Country		City & State		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		Not Applicable	
Zip		Country		City & State		7. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
CARLOS J. NAVARRO
10532 S.W. 118 PLACE
MIAMI, FLORIDA 33186

10. Name and Address of New Registered Agent

81	Name	N/A
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: *Carlos Navarro* DATE: **4/21/97**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/SECRETARY/TREAS.	<input type="checkbox"/> DELETE
NAME	CARLOS J. NAVARRO	
STREET ADDRESS	12303 S.W. 133 CT.	
CITY-ST-ZIP	MIAMI, FLORIDA 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****170.00**

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlos Navarro*, **PRESIDENT** DATE: **4/21/97** (305)-259-7494

CR2E034 (9/96)