

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087383 (1)

1. Corporation Name  
NAV 99, INC.



Principal Place of Business

Mailing Address

~~4041 NW 20 ST.~~  
MIAMI FL 33142

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MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5959 N.W. 37 ave.	26 5959 NW 37 ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Miami FL	28 Miami FL
Zip	Zip
24 3142	29 33142
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
10/23/1996	Not Applicable
4. FEI Number	
65-0720146	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
NAVARRO, JOSE 5959 NW 37TH AVE MIAMI FL 33142	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
	2.1 TITLE
TITLE	2.2 NAME
NAME	2.3 STREET ADDRESS
STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	3.1 TITLE
	3.2 NAME
TITLE	3.3 STREET ADDRESS
NAME	3.4 CITY-ST-ZIP
STREET ADDRESS	4.1 TITLE
CITY-ST-ZIP	4.2 NAME
	4.3 STREET ADDRESS
TITLE	4.4 CITY-ST-ZIP
NAME	5.1 TITLE
STREET ADDRESS	5.2 NAME
CITY-ST-ZIP	5.3 STREET ADDRESS
	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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	5959 NW. 37 ave.
1.4 CITY-ST-ZIP	Miami, FL 33142
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same
2.3 STREET ADDRESS	5959 N.W. 37 Ave.
2.4 CITY-ST-ZIP	Miami, FL 33142
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same
3.3 STREET ADDRESS	5959 N.W. 37 ave.
3.4 CITY-ST-ZIP	Miami, FL 33142
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same
4.3 STREET ADDRESS	5959 N.W. 37 ave.
4.4 CITY-ST-ZIP	Miami, FL 33142
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	

14. 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 12 or Block 13 of this report on an attachment with an address.

SIGNATURE \_\_\_\_\_ Jose F. Navarro/President (305)633-3000

CR2E034 (10/97)