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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800009627 1. Corporation Name

NAVIX MSO PENINSHI A. INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90002 038 ***150.00

	NOO TENNIOCEN, INC.							
Principal Place of Business Mailing Address						4 INDITAN ISA INTO INTI DESI ANTE DESI	##10 (6150 A1160))
2601 SOUTH BAYSHORE DRIVE SUITE 500 2601 SOUTH BAYSHORE DR					500			
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133						DO NOT WORTE OF THE	CDACE	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						01/30/1998 4. FEI Number	1 ^=	lied For
<u> </u>	Place of Business	├	ng Address		,	65-0834661	 	Applicable
21		26	A-A-#			65 085 1851	\$8.75 A	
Suite, Apt.	. #, etc.	├ ─┐	, Apt. #, etc.			5. Certificate of Status Desired	Foo Rox	
22	1-	27	& State			6 Floation Compaign Financing	\$5.00	·
City & Sta	te	— <u> </u>	u State			6. Election Campaign Financing Trust Fund Contribution	Added to	
23 Zin	Country	28 Zip		Country		8. This corporation owes the current year in		
Zip		29	3	_ ´		Personal Property Tax.		□No
24	9. Name and Address of Curr			<u> </u>		10. Name and Address of New Registered	Agent	
	v. Hame and Addiese of Carr	J rogiotorou		81	Name			
TAN	INER, W. BARRY							
2601 SOUTH BAYSHORE DRIVE SUITE 500				82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
	CONUT GROVE FL 33133			83				
}							1 1	
)				84	City	FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				the above-named cor		progration submits this statement for the nurgose of	changing its	egistered
n#5.00.00	engistered agent or both in the Stat	to of Florida Sili	ch change was alli	nonzea nv	the corpor	ation's board of directors. I hereby accept the appo	intment as reg	istered
agent. I a	am familiar with, and accept the obliq	gations of, Section	on 607.0505, Florid	da Statutes				
SIGNATURE						pared when reinstaling) DATE		
10	Signature, typed or printed name of registered a	igent and title if applica AND DIRECTOR		13.	it signature rec	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
12.	DIRECTOR	AND DIRECTOR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.1 TITLE	j		Change	Addition
TITLE	SHEELISIE	4		1.2 NAME				
NAME	MILES E, GILMA	une Dav	R ZWAR RON	1.3 STREET	ADDDEES			
	201 200th MILE	, 22/2 ⁷	2		1			
CITY-ST-ZIP	COCONUT GROVE, F	<u>C 33.3.</u>		1.4 CITY-ST 2.1 TITLE	1-ZIP		Change	Addition
TITLE	DIRECTOR TANK	A .	DELETE				_ •	
NAME	W. BANN TANNE 2601 SOTH BOISH	OF DOVE	SUTE 800	2.2 NAME			÷	
STREET ADDRESS	2601 SOUTH CHISH)KC	2	2.3 STREET				
CITY-ST-ZIP	COCONUT GROVE, F	-1 3813	DELETE	2. 4 CITY-S	ST-ZIP		Change	Addition
TITLE	,		□ nere1e	3.1 TITLE				
NAME	\			3.2 NAME				
STREET ADDRESS	S			3.3 STREET				
CITY-ST-ZIP			[] BELETT	3.4. CITY-S	ST-ZIP		Change	Addition
TITLE			☐ DELETE	4.1 TITLE				
NAME				4.2 NAME				
STREET ADDRESS	6			1			:	
CITY-ST-ZIP				4.3 STREET			:	
TITLE				4.3 STREET			Change	T Addition
NAME			☐ DELETE	4.3 STREET 4.4 CITY-S 5.1 TITLE			Change	☐ Addition
1			☐ DELETE	4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		Change	Addition
STREET ADDRESS	S		☐ DELETE	4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP		Change	Addition
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			☐ DELETE	4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T-ZIP		Change	☐ Addition
CITY-ST-ZIP				4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T-ZIP			
CITY-ST-ZIP				4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T-ZIP T ADDRESS T-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W