Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90002 033 ***150.00

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 # P98000022510

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAVIX IV 	ISO CORAL GABLES, INC.								
Principal Place of Business Mailing Address					<u> </u>		* 1001100+ 114 10161 10111 50111 00111 40111 0011	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2601 SOUTH BAYSHORE DRIVE 2601 SOUTH BAYSHORE DRIVE						1			
SUITE 500 SUITE 500							DO NOT MIDITE IN THE	C CD & CC	
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133							DO NOT WRITE IN THIS SPACE		
							 Date Incorporated or Qualifed 03/10/1998 		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	App	olied For
21		26					65-0834666	Not	Applicable
Suite, Apt.	#,Tetc.TT	-Suite, Apt. #, etc			·		5. Certificate of Status Desired -	\$8.75 _{.A}	
22		27					5. Certificate of Status Desired	Fee Re	quired
City & State	е	City & State					6. Election Campaign Financing	\$5.00	May Be
23		28				-	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	ntry			8. This corporation owes the current year In	ntangible	
24	25	29 30	ה				Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent					10. Name and Address of New Registered	Agent	
TANNER, W. BARRY 2601 SOUTH BAYSHORE DRIVE				81 Name 82 Street Address			s (P.O. Box Number is Not Acceptable)		
SUITE 500				83					
}	CONUT GROVE FL 33133		ł	84	City		F	85 Zip C	ode
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o rm familiar with, and accept the obligation	t Florida. Silich chande was auch	onzeo	DV I	me como	corpora pration's	ation submits this statement for the purpose of s board of directors. I hereby accept the appoint	f changing its in the changing its interest as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered	Agent	t signature re	equired w	hen reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DIRECTOR	☐ DELETE	1.1 TIT	lΕ	ļ			☐ Change	Addition
NAME	MILES E. GILMAN		1.2 NA	ME				•	
STREET ADDRESS	2601 SOUTH BRYSHORE DAY	NE SOME SO	1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	COCODUT GRONE, FL	33133	1.4 CIT	ry-st	r-ZIP			_	
TITLE	DIRECTOR DELETE		2.1 TITLE				Change	☐ Addition	
NAME -	MED W. BAMY TAN	1115K	2.2 NA	ME	 -	~	ينيسي المراء المالي المالي		
STREET ADDRESS	2601 South BANSHOUS T	MUNE SOUTH SOLD	2.3 ST	REET	ADORESS				Ì
OTTLET ADDITION	COLONUT GROVE, F	33133	2. 4 CI	TY-S	T-71P				
CITY-ST-ZIP	COCCACO 41202, 1	DELETE	3.1 TIT		<u>, 2, 1</u>		 	☐ Change	☐ Addition
,			3.2 NA					. '	
NAME			l .		ADORESS				}
STREET ADDRESS									
CITY-ST-ZIP_				3.4. City-St-ZIP				Change	☐ Addition
TMLE .		- Detele						<u> </u>	_
NAME			4. 2 N	-					{
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4 4 CIT	_	r-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TiT	ΝĒ			•	C Change	

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 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: (1),

☐ Change

☐ Addition