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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000037341**1. Corporation Name

NAVARRETE & ASSOCIATES, INC.

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90092 015 \*\*\*150.00

Principal Place	of Business	Mailing Address			
15346 S.W. 72N	ID ST	15346 S.W. 72ND ST			
BLDG. 22 SUITI		BLDG. 22 SUITE 14		OO NOT WOITE IN THIS	CDACE
MIAMI FL 33193 MIAMI FL 33193				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed	
				04/24/1998	
2. Principal Pl	ace of Business	2a. Mailing Address	(	4. FEI Number	Applied For
21 67 1	10 5W.12 PD	26 6//0	<u>5</u> w	65-083 0 633	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	PLace	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Miami Fl	City & State	mi FL	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 2.2	Country Control Control	Zip 72102	Country	This corporation owes the current year Into     Personal Property Tax.	angible □ Yes □ No
24 <u> </u>	25 25	<u> </u>		10. Name and Address of New Registered	
<del></del>	9. Name and Address of Current i	zegisteren Waant	81 Name	10. Hame and reguleds of their registered i	
DELO	GADO, TERESA		1   1 - 1 - 1		
	IA- <del>C W- TOMP</del> ST ( )	0 500 127	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	G-22-SUITE T4	om: FL 331	9 3 83		
<u>.</u>	Al FL 33193	CAM! I L'TT!	3 7 7		
· u			84 City	FL	85 Zip Code
<u> </u>		and 607 4509 Florida Statutos	the above named com	poration submits this statement for the purpose of	changing its registered
office or o	egistered agent or both in the State of	Florida. Such change was autho	orized by the corporati	ion's board of directors. I hereby accept the appoin	ntment as registered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes.		
SIGNATURE		WATE &		ed when reinstating) DATE	
· · ·	Signature, typed or printed name of registered agent a OFFICERS AND		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE	ABBITIONOI GITAINGEO TO GITTIGENO FIL	☐ Change ☐ Addition
	DELGADO, TERESA		1.2 NAME		
NAME	AFRAN-SW-72ND ST. BLDG 22	CHITE 14	1.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33193 67 10	SULLIZZ PL	1.4 CITY-ST-ZIP		
CITY-ST-ZIP	VD V)197	AL PL DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	,	") FC 33183	2.2 NAME		_ , _
NAME	NAVARETTE, DOMINGO A 15348-S-W., 72ND-ST., BLDG-22.	CUITE 14			
STREET ADDRESS		510 127 PL	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193 6710	<del></del>	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	miami FL 3	33183 <sup>0 delete</sup>			
NAME ~			3.2 NAME		الم الحم المحمد والحي
STREET ADDRESS			3.3 STREET ADDRESS		,
CITY-ST-ZIP	<u> </u>	· DELETE	3.4, CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 INCE 4.2 NAME		
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY- ST- ZIP 5.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE			5.1 ITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS	•	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME	•	
NAME			6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	. ,		6.4 CITY-ST-ZIP		

CTTY-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.

SIGNATURE: Z

(305) 388-1752