

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

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Mar 10, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000046917

1. Corporation Name  
NAVIGATOR POWER BOAT BROKERAGE, INC.

Principal Place of Business  
3220 NW 86 STREET  
MIAMI FL 33147

Mailing Address  
3220 NW 86 STREET  
MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEL Number

W-0842836

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

HERNANDEZ, ORLANDO  
3220 NW 86 STREET  
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME HERNANDEZ, ORLANDO  
STREET ADDRESS 3220 NW 86 STREET  
CITY-ST-ZIP MIAMI FL 33147

TITLE SD  DELETE

NAME HERNANDEZ, CAROLINA  
STREET ADDRESS 3220 NW 86 STREET  
CITY-ST-ZIP MIAMI FL 33147

TITLE TD  DELETE

NAME GATO, IRAN  
STREET ADDRESS 14080 SW 38 STREET  
CITY-ST-ZIP MIAMI FL 33175

TITLE VD  DELETE

NAME GONZALEZ, PEDRO  
STREET ADDRESS 375 WEST 55 STREET  
CITY-ST-ZIP HIALEAH FL 33012

TITLE VD  DELETE

NAME PICO, SERVILIO  
STREET ADDRESS 6960 N.W. 8TH STREET  
CITY-ST-ZIP MIAMI FL 33172

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  Change  Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  Change  Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  Change  Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  Change  Addition

62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99

CR2E034 (11/98)